51-427-157	ь					04/26/2016 APPROVED
	for Health Care Adm				, 0, 1, 1, 1	***************************************
STATEMEN AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		RC57000060	B. WNG		04/0	8/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	BTATE, ZIP CODE		
SANDY	PINES		TEQUESTA 'A, FL 3346			
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C 000	CCR# 2016000093. CCR#2016002383, 2016003021 and Commenced on at Sand Center for Children The allegations wer	ensure complaint survey, 2, CCR# 2016002253, CCR# 2016002918, CCR# CR#2016003061 was and concluded on y Pines Residential Treatment and Adolescents.	C 000	By submitting this Plan of Corraction, the does not admit that it violeted the reg The Facility also reserves the right to an Plan of Correction as necessary and to the deficiencies, findings, conclusion actions of the agency. Immediately following the survey, the senior management met and develop planned a course of action to addridentified deficiencies.	ulations. nend the contest ns, and CEO and ped and	
C 018	screened prior to en include employment references, local cri local law enforceme statewide criminal re Florida Department	nd volunteers shall be inployment, which shall thistory checks, checks of minal records checks through it agencies, fingerprinting, cords checks through the of Law Enforcement, and rds checks through the investigation.	C 018	Corrective Actions: The Human Resources Director revier revised policy "Employment Backgre Include: Level : State criminal basscreening required to be completed start date Any conviction for a crime will resource in the properties of the properti	ckground eted and employee uit in the ckground to the ckground	,2016
	Based on record rev interview, the facility record screening for prior to the start of e The findings included	not met as evidenced by: tew, observation and falled to perform a criminal 1 of 11 sampled employees mployment (Employee C). d: f the facility's policies and		Identify Staff who were not in compile the 5 year re-background screening. The HBD notified all identified staff to background screening must be comp , 2016 or they will be removed schedule. The HBD completed an re-audit of all were delinqued in the background screen ensure that screening had been complete	that new eleted by from the staff who	, 2016 , 2016
HCA Form 3	020-0001	RVBUPPLIER REPRESENTATIVE'S SIGN	MATI (DE	TITLE		Ke) DATE
WORATORY.	PHECIONS ON PHOVIDE	WOUTFLIER RETRESENTATIVE'S SIGN	MI UNE	****	~ ,	10/11
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				F	'RINTED: FORM A	04/26/2016 PPROVED
STATEMEN	Or Health Care Adm T OF DEFICIENCIES OF CORRECTION	INISTRATION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION .	(X3) DATE S COMPL	
		RC57000080	B. WING		04/08	3/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE		
SANDY P	INES		TEQUESTA A, FL 33469			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	DBE .	(X6) COMPLETE DATE
C 018	Continued From pa	ge 1	C 018			
The second secon	Screening" with the documented that the criminal history sea hire; however, accorprocedures, the crim as "Le, county(s) on mecessary)." In add procedures documented the past seven year typically bar a consideration of er with the past seven or crimes older that a from et a fr	ager reported that all ule revealed that Employee C oron as a Program Supervice at that time. Review on a C's personnel file, revaled a Mental Health Tech (MHT) re date of , however, toe that the facility obtained a lening for the employee ordinates a more than the seming for the employee could cause or was informed that the seming for the employee could reported that she would look iger reported that she would look iger reported in an interview at 3:554 PM that she had		Monitoring: The HRD implemented an ongoing system that identifies the background states for all current staffs. Notification to the individual staff member and systems of an immediate supervisor 30 days expiration that the background scree to the some within the next zweeks to et it is completed and cleared befine the complement of the complement of the property of the complement of the performance in the property of the performance of the perfo	expiration will sent d his/her prior to ning must nsure that ore the e will be provement	,2016

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Agency for Health Care Admir	alstration			M APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		TE SURVEY MPLETED
	RC57000060	8. WING		1/08/2016
NAME OF PROVIDER OR SUPPLIER	STREET ADI	FESS, CITY, S	ITATE, ZIP CODE	
SANDY PINES		TEQUESTA A, FL 33465		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL. IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 022 Continued From pag	ge 2	C 022		
C 022 Operating Standard	s - Organization	C 022		
Accurate and comple maintained on ea include: a. Current backgroun application, reforesheackground acreent Section 394,4572, Fustiy initial and confindividual. Applicant licensure, certificatie employed only after license as required maintained in the er b. Current performa	ele personnel records shall sch employee. Content shall and information, including the ese, proof of satisfactory ng results as required by 5.5, and documentation to tithued employment of the s for positions requiring on or accreditation shall be the provider has verified the tion. Evidence of renewal of by the licensing agent shall be inployee's personnel record; noce evaluation; inlinuing education or staff ims completed.		Corrective Actions: The Human Resources Director reviewed annewised policy. Employment Background to Include: Lavel 1: State criminal backgroun screening required to be completed an evident in HR prior to a potential employee start date. Any conviction for a crime will result the not being hired. All employees must be re-backgroun screening every 5 years prior to the anniversary date of the prior background. The HRD completed a 100% audit of HR files tidentify staff who were not in compliance with the 5 year re-background screening. The HRD informed all identified staff that ne background screening must be completed background screening must be completed schedules.	, 2016
This STANDARD is Based on record re- falled to obtain proo Screening results ev continued employer	e not met as evidenced by: view and interview, the facility of satisfactory Background very five years to justify ant for 5 of 11 sampled direct piloyee A, D, G, H, and J).		The HRD completed a re-audit of all staff wi were delinquent in the background screening to ensure that screening had been completed.	o ,2016
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Agency 1	for Health Care Adm	Inistration			FORM	APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE	SURVEY LETED
		RC57000060	B. WING		04/0	B/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, 8	STATE, ZIP CODE		
SANDY F	PINES		TEQUESTA A, FL 3346!			
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
TAG	REGULATOR) OR D	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	PAULE	
C 022	Continued From pa	ge 3	C 022			
	procedures titled, "Is Screening" with the revealed that the practices how the far aministant he documentation of the continued employee A, D, G, Globwing: a) Employee A, D, G, Globwing: a) Employee A, D, G, Globwing: a) Employee A, D, G, Globwing: a) Employee A, D, G, Globwing: a) Employee A, D, G, Globwing: b) Employee C, D, G,	of the personnel records for H, and J revealed the lental Health Technician and an employment start date facility. The personnel file inployee's most recent ining was dated documentation to justify the ed employment. Hif T had an employment start a personnel file revealed that st recent Background documentation to justify the ental to the personnel file revealed that st recent Background ental to the personnel file revealed that st recent Background ental to the personnel file revealed that st recent Background documents of the personnel file revealed that st recent Background ental to the pusit of the personnel file revealed that st recent Background ental to the pusit of the personnel file personnel		Monitoring: The HRD implemented an ongoing system that identifies the bac expiration dates for all current control of the property of the individual member and his/her immediate super days prior to expiration that the bac screening must be done within the weeks to ensure that it is complete cleared before the employee's expirate that regarding compliance will be rep the Performance improvement Commitmonthly basis. Responsible Person: Human Ribitorian Commitmenthy and the property of the p	ckground t staff. ual staff rvisor 30 ckground next 2 ed and on date, orted to ttee on a	, 2016
	date of . The the most recent bar . There was	e personnel file revealed that exground screening was dated				

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Treatment Plan Update every 30 days

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PRINTED: 04/26/2016 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING: ___ RC57000060 04/08/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE, ZIP CODE 11301 SE TEQUESTA TERRACE SANDY PINES TEQUESTA, FL 33469 SUMMARY STATEMENT OF DESICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 022 C 022 | Continued From page 4 employment In an interview conducted on at 3:16 PM with the facility's Human Resource (HR) Manager, the HR Manager was informed of the lack of documentation to justify their employee's continued employment. The HR Manager reported in an interview conducted on 3:54 PM that she had been unable to locate any evidence of documentation to justify their employee's continued employment. C 154 Treatment Planning C 154 Corrective Actions: , 2016 The Director of Clinical Services reviewed and revised policy "Treatment Planning", to include: The provider shall review the treatment plan within 30 days of admission and at least monthly Treatment plans are reviewed and modified as needed for every incident of thereafter with input from the child and parent or guardian, guardian ad litem, and other and/or as part of the stakeholders (e.g.; child welfare or community post event evaluation and any other newly based care case manager, other community identified problems, interventions and agencies or organizations) to assess the appropriateness and suitability of the child 's revisions of goals and interventions to previously identified problems by the staff who identified the need for this addition placement in the program, to evaluate the child 's to the treatment plan progress toward treatment goals, to review and Revisions to the Master treatment plans to modify, when necessary, the treatment plan and Include newly Identified Problem , goal, treatment approaches, to review and update the discharge plan and to determine if the child is interventions will be addressed at the weekly clinical review ready to move to a less restrictive placement. The revision will be included in the Master

The findings include:

Chapter 65E-9.009(5), F.A.C.

This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to update the treatment plan for 1 of 17 sampled residents after a planned intervention was documented as needed (Resident #2).

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STATEMEN	for Health Care Adm IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIERICLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		RC57000060	8. WING		04/0B/201	16
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SANDY F	PINES		TEQUESTA A, FL 3346			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	DBE COM	X5) PLETE ATE
C 022	employment. In an interview cond with the facility's Hu Manager, the HRI Manager, the evidence of documental manager of the evidence of documental planning. Treatment Planning. The provider shall if the provider shall in the provider shall in the provider shall in the provider shall in the progress toward tree modify, when neces treatment approach treatment approach teleshare plan and teleshare pl	ducted on at 3:16 PM man Resource (HR) anager was informed of the on to justify their employee's ent. The HR Manager est included on at ad been unable to locate any entation to justify their ed employment. eview the treatment plan impission and at least monthly trom the child and parent or ad item, and other community anager, other community attent to a session of the child 's atment goals, to review and sarry, the treatment plan and es, to review and update the to determine if the child is sers restrictive placement.	C 022	post event evaluation and any oth identified problems, interventio revisions of goals and intervent previously identified problems by who identified the need for this to the treatment plan Revisions to the Master treatment include newly identified Problem interventions will be addressed weekly clinical review.	nurses, tha post that got the desired to the terms when the same and stone to the staff addition to the staff addition to plans to the staff addition to t	, 2016
	This STANDARD is Based on record re- falled to update the sampled residents a	not met as evidenced by: view and interview, the facility treatment plan for 1 of 17 offer a planned intervention needed (Resident #2).		The revision will be included in th Treatment Plan Update every 30 d		
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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING		3) DATE SURVEY COMPLETED
		RC57000060	B. WING		04/08/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
SANDY P	INES		TEQUESTA TA, FL 3346		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	to.	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E COMPLETE
C 154	Continued From pa	ge 5	C 154	C 154 Continued	:
C 170	revealed that the re peer on and commented that the "boundaries goal" in which we want documentation that an interview condumit the Risk Mana the participants ach Discharge & Discharge & Discharge was a chill do may be disc guardian or placing	the facility added this goal. In sted on at 1:54 PM ger and the Nurse Manager, nowledged the findings.		Implemented a 100% review process chical staff review documents to that the Treatment plans are reviewer modified as needed for every incided and any other identified problems, interventions revisions of goals and intervention previously identified problems by the who identified the need for this at to the treatment plan. The aggreats will be reported monthly of performance improvement Com Non-compliance will be addressed we discalarly courselling with the indistaff member.	ensure ed and ent of the newly and ons to e staff didition egated to the mittee.
	Based on record re falled to discharge the parent, guardia (Residert #16). The findings include Review on procedures titled, "I most recent review the facility enforces "administrative/disc setting" when the re behavior that cannot facility, as determin The facility's policie	s not met as evidenced by: view and interview, the facility of 17 sampled residents to o placing organization ed: of the facility's policies and olscharge Criteria* with the of documented that	C 170	Responsible Person: Director of Clinical Services Corrective Actions: The Director of Clinical Services reviewe revised polity, "Continuity of Care" to Incit. The assigned or designe notify the legal guardian and if app the placing organization to Inform to that the resident has been. The resident will be reassess admission based upon collateral information from the facility to determine if the resident admission criteria if the resident no longer meets adr criteria, the assigned theraphit/de will contact the Receiving and legal guardian to assist i coordination of the previous c discharge plan The assigned document in the clinical notes all the lintractional of the previous c discharge plan The assigned document in the clinical notes all the lintractional contents of the	ude: ve will licable licable lichinda d for clinical celving meets messon sistene facility n the defined will

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561-427-1576 PRINTED: 04/26/2016 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION A. BUILDING: 04/08/2016 RC57000060 B. WING . NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11301 SE TEQUESTA TERRACE SANDY PINES TEQUESTA, FL 33469 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The Director of Clinical Services/designee C 170 Continued From page 6 C 170 , 2016) via educated staff (nurses, MHTs, documented that a hospitalization such class training on the policy revision to include: was a discharge and the policies or designee will The assigned and procedures failed to address re-admission to notify the legal guardian and if applicable the placing organization to inform him/her the facility after a that the resident has been Review of Resident #16's record on The resident will be reassessed for admission based upon collateral clinical revealed that the resident was admitted to the facility on . The resident's record. information from the Receiving facility to determine if the resident meets Including notes dated revealed that the resident's discharge plan included staying admission criteria If the resident no longer meets admission If the resident no runger criteria, the assigned /designed rung facility in the in the facility for several more months, until the resident became , then an extended . The resident's record, including and legal guardian to assist in the notes dated documented that the coordination of the previous defined resident was in agreement with the discharge discharge plan plan. However, the record documented that the /designee will The assigned resident was discharged via a to a document in the clinical notes all the above , after several altercations in hospital on Interactions the facility and the resident has not returned to the facility. Monitoring: In an interview conducted on at 10:57 AM , 2016 The Director of Clinical Services Implemented a with the Administrator, the Administrator reported 100% review process of all residents who were that the facility discussed the resident with a admission due to no discharged from facility Psychiatrist and the team decided to not longer meeting criteria to ensure that re-admit the resident, explained that the coordination of the discharge plan was evident. resident's behavior on caused the staff to The aggregated data will be reported monthly to feel that the resident's readmission to the facility the Performance Improvement Committee "would jeopardize everyone's treatment here and Responsible Person: Director of Clinical Services be a risk to staff in terms of safety;\" and reported that the facility informed the receiving hospital that the facility would not readmit the resident. C 185 Rights of Children - Child C 185 & neglect The provider shall require each paid and

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volunteer staff member, upon hiring and every 12 months thereafter, to read and sign a statement

and outlining the staff member's responsibility to

and neglect laws

summarizing the child

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04/08/2016

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: __

RC57000060

NAME OF PROVIDER OR SHEED INCO

B. WING_____

NAME OF PROVIDER OR SUPPLIER		REET ADDRESS, CITY, S	STATE, ZIP CODE	1
SANDY P		361 SE TEQUESTA QUESTA, FL 33461		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 185	Continued From page 7	C 185	Corrective Actions:	
	report all incidents of child and negler Such signed statements shall be placed in employee's personnel file. Chapler 65E-9.012(3)(d), F.A.C.	each	The Human Resources Director reviewed and revised policy, "Reporting" to define: The requirement that and neglect laws will be conducted for all staff every 12 months. As part of the training, staff are required to sign and date an attestation verifying that they have received and neglect training and will adore to the	, 2016
	This STANDARD is not met as evidenced be Based on record review and interview, the for	acility	requirements.	
	failed to require that every 12 months after it to read and sign a statement summarizing it child and neglect laws and outlining it staff member's responsibility to report all incidents of child and neglect for 10 of the staff member's responsibility to report all incidents of child and neglect for 10 of the staff members are staff members.	he he	The Risk Manager/designee conducted training of all current facility staff on the and neglect laws. Competency was evaluated with a post test.	, 2016
	sampled direct care employees (Employee C, D, E, F, G, H, I and J).		The Human Resources Director revised the orientation training requirements to include of and neglect.	, 2016
	The findings included: Review on of the facility's policies as procedures titled, "Reporting" with him most recent revision of revealed the policies and procedures documented that "staff members will be educated during Orier upon hire." The policies and procedures fail address the requirement for each employee read and sign a statement summarizing the and neglect laws and outlining the stamement of the most of	e tit the little the little li	The Human Resources Director reconciled the attestations against the current active employee roster to ensure 100% participation. Monitoring: The Human Resources Director implemented an ongoing tracking system to ensure that training is done every 12 months. Noncompliance will be reported to the immediate supervisor, Noncompliant cart will be removed from duty until they complete the mandatory training. Aggregated Data will be reported to the Performance Improvement Committee quarterly. Responsible Person: Human Resources Director	, 2016
	documentation that the facility requested the employees to read and sign, every 12 month	ns		

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Agency	for Health Care Adm	Inistration			FORM A	IPPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE 8	SURVEY ETED
		RC57008060	B. WING		04/0	8/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SANDY F	PINES		TEQUESTA A, FL 33469			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTS (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROV DEFICIENCY)	D BE	(XS) COMPLETE DATE
: :	and neglect member's responsi child and neglect conducted on Resources (HR) Di- reported that the fa Director for several coordinated the trail	ant summarizing the child laws and outlining the staff billy to report all incidents of gleet. In an Interview at 2:19 PM with the Human rector, the HR Director cillty had been without an HR months and the HR Director	C 185			, 2016
	continued only purse certified or board of under Chapter 458, with specialized tra diagnosing and tree who is the child's the child's street unavailable, the phy qualifications, Phys. and must be trained in tinterventions prior h. Chapter 65E-9.0131 This STANDARD is Based on record re	shall be used and usent to an order by a board lightle psychiatrist licensed F.S., or licensed physician ining and experience in titing mental and reatment team physician. If in team physician is restinent overing for the sician may meet these claims allowed to order pursuant to this rule, pursuant to this rule, to ordering them. (3)(a), F.A.C. In ordering them are sevidenced by: view, observation and railed to be table and physician's for 2 of 17 sampled for seclusions and \$4.7).		Corrective Actions: The Director Nursing (DON) and fax Manager () reviewed and revised the policy related to the use and document and and to ensure that are required elements of the included and clearly stated for interpretation. Key elements of the included: Clarification on the definition of the desire of the construction of the constructi	ne facility obtains of ments are or staff or policy of the	

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Agency	for Health Care Adm	Inistration			FORM APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		RC57000060	B. WING		04/08/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
SANDY F	PINES		TEQUESTA		
		TEQUEST	A, FL 3346	9	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCE) DEFICIENCY)	D BE COMPLETE
C 200	Continued From pa	ge 9	C 200	C 200 Continued	
	"The use of authorized by an RI MD (Medical Docto assessment of the authorize the use of come hour in and treatment team psy the resident and write treatment team psy soychairsi, within the emergency line by the resident and write treatment team psy soychairsi, within the emergency line Deservations condapproximately 9:25 Manager revealed of copened out to a sm contained a from a heliway that of doubte doors. The during an interview, 9:25 AM that the father conding revealed at approximation of the contained them after Review on readed them after Review on contained the material and the contained the side of the contained the two shat time, leading in the feet on the resident be two shat time, leading in the two shat time, leading in the total contained the two shat time, leading in the set of locked doubte	It review of revealed or must be procedures documented, or must be (Registered Nurse) and/or () based on his/her clinical resident. The RN may for up-nergency safety situation []". Descendence documented the chiatrist, if on site, to assess its the necessary orders, "if psychiatrist is not available on one order shall be obtained by ychiatrist, or covering 30 minutes after initiation of rvention." Leted on at AM, with the facility's Nurse an area that contained two the doors in place; the doors all common area that elso ; the area was separated led to common areas by a set a Nurse Manager reported, on at approximately suitly had taken off the doors to to avoid to a revision of the facility's own video Residents aft and #17 on nately \$5.00 PM, locked away in an area that they did not helr daily routines; The area were that they did not helr daily routines; The		document that consultation the data/time of the consult. Requirement for an MD or evaluate the well-being of the immediately after the residency of the immediately after the residency of the consultation. Need to notify the resident guardian that the resident sand/or document that notification hequirement to conduct document of face to face of with all sard and the resident in an emergency interventic discussion must includ circumstances resulting in the sand/or strategies to be used by the 1 sand/or strategies to be used by the 1 resident, or others that could	esident's for the and to including i
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561-427-1576 PRINTED: 04/26/2010 FORM APPROVED Agency for Health Care Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DESIDENCIES (X3) DATE SURVEY A. BUILDING: B. WING RC57000060 04/08/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 11301 SE TEQUESTA TERRACE SANDY PINES TEQUESTA, FL 33489 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION BHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG (X5) DAIPLETE DATE co C 200 Continued From page 9 C 200 C 200 Continued 24 hours after use of of the facility's own policies with the staff involved in the 1. Review on and procedures titled. and emergency safety and/or and appropriate supervisory with the most recent review of revealed and administrative staff to review the that the policies and procedures documented. circumstances resulting in the use of must he "The use of ıor authorized by an RN (Registered Nurse) and/or and/or and strategies to be used by the staff, the MD (Medical Doctor) based on his/her clinical resident, or others that could prevent assessment of the resident. The RN may further use of restraint/seclusion. If an authorize the use of OF injury is sustained by a resident during to one hour in an emergency safety situation [...]". and/or the use of The policies and procedures documented the during the debriefing a plan to prevent treatment team psychiatrist. If on site, to assess further injury is to be developed and the resident and write the necessary orders, "If documented in the medical record. the treatment team psychlatrist is not available on Requirement to obtain and document site, a verbal telephone order shall be obtained by medical treatment promptly for any the RN from the psychiatrist, or covering injury sustained by a resident during psychiatrist, within 30 minutes after initiation of the use of the emergency intervention." Observations conducted on The DON and and revised all 3, 2016 approximately 9:25 AM, with the facility's Nurse medical records forms related to the Manager revealed an area that contained two documentation of the use of , with doors in place; the doors to ensure that all required elements could be opened out to a small common area that also documented correctly and thoroughly. ; the area was separated contained a 8, 2016 from a hallway that led to common areas by a set , and designees, along with The DON, Corporate Divisional Clinical Directors, provided of double doors. The Nurse Manager reported. during an interview, on retraining to all nurses, direct care staff, at approximately 9:25 AM that the facility had taken off the doors to attending psychiatrists, and senior leadership on: Definition of and appropriate to avoid , but the justification for use of re-added them after a revision of their policies during for an emergency of the facility's own video Review on recording revealed Residents #16 and #17 on safety situation Revisions/ciarifications to at approximately 5:00 PM, locked away Policy including: from other residents, in an area that they did not

set of locked double doors. The area was vold of AHCA Form 3020-0001

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, without doors at

frequent as part of their daily routines; The

that time, leading into a common area that had a

residents were observed in the area that

contained the two small

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Who may authorize the use of

and/or seclusion

Requirement to obtain a physician's order for any use of

and/or

dency fo	r Health Care Admi	nistration			FORM A	PPROVI
TATEMENT	OF DEFICIENCIES F CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE (COMPL	SURVEY ETED
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	The use of authorized by an RI MD (Medical Docto unthorized his assessment of the authorize his use of the property of the pro	It review of revealed or must be N (Registered Nurse) and/or pust be N (Registered Nurse) and/or pust be N (Registered Nurse) and/or pusted on his/her clinical resident. The RN may mergency safety situation [] coordures documented the chlatrist, if on site, to assess title the necessary orders, "If psychiatrist is not available on once order shall be obtained by ychiatrist, or covering 30 minutes after initiation of rvention," ucted on at AM, with the facility's Nurse an erae that contained two ith doors in place; the doors all common area that also the area was separated lead to common areas by a set to Nurse Managar reported, on at approximately calling and taken off the doors to to avoid sectualons, but a revision of their policies, of the facility's own video Residents #fis and #fi? on nately \$5.00 PM, locked eway s, in an area that they did not their daily routines; The erved in the area that		be used by the staff, the or others that could further use of restrainty if an injury is sustain resident during the mandor that the sustain resident during the mandor the debriefing a plant further injury is to be and documented in the record. Requirement to obligation of the sustainty of the	ategies to resident prevent seclusion. He developed e medical taln and treatment sustained he use of post-tests in file. Each o post-tests in file. Each o capital mentation dilitionally pieted set in g of the employee 2016 will be supposed to the mentation of the employee 2016 will be supposed to the mentation of the employee 2016 will be supposed to the supposed	

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,	Review on and procedures title	of the facility's own policies		Monitoring:	
	with the most receive that the policies an "The use of authorized by an R MD (Medical Doct assessment of the authorized by an R MD (Medical Doct assessment of the authorize the use of to one hour in an extended the transment team psychiatrist, within the entered team psychiatrist, within the emergency line by the R Month be psychiatrist, within the emergency line of the psychiatrist, within the emergency line of double doors. Till during an interview on re-added them effer Review on residents were obsorbationally an interview of the psychiatrist of the psychi	In treview of revealed or revealed or must be N (Registered Nurse) and/or in based on his/her clinical resident. The RN may for up mild proceedings of the proceeding			use of ensure ends and so of the Director tee and link on the Ends of the Director tee and link on the Ends of the

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C 200	any furniture, excey was a staff membe residents were obstoors; the doors did were observed pac and this lasted at le Review of Resident revealed that the refacility on of documenation that occumentation that resident disrupt and was not responsible to the resident for the resi	of for a plastic chair. There present in the area. The present in the area. The present in the area. The area chairs were disking the double in ot open when kicked; they ing back and forth in the area ast 5 minutes. He's record, on sident was admitted to the the record revealed evidence at the facility sent the resident withing facility on we Enforcement officers after ed the unit, instigated peers diding to redirection. The rher revealed evidence of the facility discharged the e. Continued review of the vealed no evidence of staff documented the tion in the resident's record, umentation that the facility distinct the facility disaff documented the the facility dismented the unit in the resident's record, umentation that the facility amentation that the facility amentation that the facility amentation that the facility area.	C 200			
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: : : : :	that the facility obte the of in an interview conk with the facility's ow own Risk Manager locked facility and the she inquired whether	vn Risk Manager, the facility's reported that the facility was a the units were also locked and er this was a			:
	If a child requires the at any time during the shall formally review use during the child treatment team review frequently than two deemed no longer rand use. The assass the frequent identify ways to prevand use with a specific part of the child's the addition, if a child is times within a thirty a total of three times treatment team will monitor the implemential-specific plan to the child's the child is the child in the child's the child is the child in the child's the child is the child in the child's the child's the child is the child in the child's the child in the child's the child in the child's the child in th	their stay, the treatment team wand actively address their it's regularly scheduled lew meetings, no less times per month, until necessary. The reviews shall toy, patterns and trends, and went the need for he treatment team's review of nate ohild shall be documented as eatment team review, in srestrained a total of two day period, or is in swithin a thirty day period, the oversee the development and tentation of a formal or aggressively address the and use with that		Corrective Action: The Director of Clinical Services reviewed revised policy Treatment Planning', to inclu Treatment plans are reviewed and mod as needed for every includent of and/or as part of the post e evaluation and any other newly ident problems, interventions and revision goals and interventions to previo identified problems by the staff identified the need for this addition to treatment plan Revisions to the Master treatment plan include newly identified Problem ; interventions will be addressed at weekly clinical review The revision will be included in the Mt Treatment Plan Update every 30 days In the event the resident has 2 a 30 day period or is in with thirty day period, the treatment are madevalop and implement a formal resispecific plan that addresses the need	ude: diffied event titled ss of ously who the ss to ggal, the in hin a will ident
		s not met as evidenced by: view and interview, the facility			

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PREFIX REQUATORY OR USE DENTEYING INFORMATION) C 207 Continued From page 12 failed to review the treatment plan no less frequently than hwice a month for 3 of 17 sampled residents (Resident #1, #2 and #5) who had The Director of Clinical Services conducted staff education via class training on the revised policy. Monitoring:	Δασσονί	for Hosith Care Adm	inistration			FORM APP	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11301 SE TEQUESTA TERRACE TEQUESTA, FL. 33469 PROVIDERS PLAN OF CONSECTION SUMMARY STATEMENT OF DEPICIENCIES (X4) ID SUMMARY STATEMENT OF DEPICIENCIES EXCHOLOR OF LICE DEPICE PARK OF CONSECTION PREPLA TO THE PROVIDERS PLAN OF CONSECTION PREPLA TO THE PROVIDERS PLAN OF CONSECTION PROVIDERS PLAN OF C	STATEMENT OF DEFICIENCIES		F DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SUR COMPLETE	VEY ED
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PREFIX RECH DEFICIENCY MUST BE PRECEDED BY FILL TAG REGULATORY OR LSC IDENTIFYING INFORMATION). C 207 Continued From page 12 falled to review the treatment plan no less frequently than twice a month for 3 of 17 sampled residents (Resident #1, #2 and #5) who had Monitoring: Monitoring:			11301 SE	TEQUESTA	TERRACE		
failed to review the treatment plan no less frequently than twice a month for 3 of 17 sampled residents (Resident #1, #2 and #5) who had Monitoring:	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	DBE CO	(X6) IMPLETE DATE
1. Review on of Resident #1's record reversited that the resident had on on the second failed to reveal any evidence of documentation that the facility reviewed the resident's record revealed that the resident #2's record revealed that the resident had a on the review of the resident's record revealed that the resident had a on the review of the resident's record failed to reveal any evidence of documentation that the facility reviewed the resident's record failed to reveal any evidence of documentation that the facility reviewed the resident's treatment plan no less frequently than twice a month following the intervention and address the intervention. 3. Review on of Resident #5's record revealed that the resident's record failed to reveal any evidence of documentation that the facility reviewed the resident's record failed to reveal any evidence of documentation that the facility reviewed the resident's record failed to reveal any evidence of documentation that the facility reviewed the resident's treatment plan no less frequently than twice a month following the interventions and address the interventions. 1100% review process of all clinical staff review documents to ensure that the revision is evident. Responsible Person: Director of Clinical Services Personal Responsible Person: Director of Clinical Services Director of Clinical		failed to review the frequently than twic residents (Resident (Resident 1. Review on revealed that the read on 1. Review on failed to reveal any that the facility review the revealed that the recipion to less freque following the interventions. 2. Review on revealed that the re however, to reveal any evidence facility reviewed the less frequently than intervention and ad 3. Review on revealed that the reveal any evidence facility reviewed the fess frequently than intervention and ad 1. Neweyer, to reveal any evidence facility reviewed the fess frequently than interventions and an intervention and an interventions and an intervention and	treatment plan no less as a month for 3 of 17 sampled #1, #2 and #5) who had ad. of Resident #1's record sident had on wever, the resident's record evidence of documentation were the resident's record evidence of documentation was the resident's record sident had on he resident #2's record sident had on he resident's treatment plan no howce at month following the dress the intervention. of Resident #5's record falled to be resident's treatment plan no howce a month following the dress the intervention.	C 207	The Director of Clinical Services conduceducation via class training on the revise Monitoring: The Director of Clinical Services Impler 100% review process of all clinical state documents to ensure that the revision is Responsible Person:	d policy. nented a ff review	, 2016

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			TA, FL 33461			
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C 208	Continued From pa	ige 13	C 208			
C 208	Restraint/Seclusion	n/Time-Out - Authorization	C 208	Corrective Actions:		
	licensed practitione and facility, (including advanced nurse pro registered nurse) emergency safety if face-to-face assess well to the same saves and the same saves; and the same saves are saves and the same saves are saves and the same saves are saves and the saves are saves and the saves are saves are saves as the saves are saves and the saves are save	ring physician or other r, as permitted by the state ing a nurse, actioner, physician assistant, of the physician and being of the reventions, shall conduct assent of the physician and being of the child, including: sical and status; rent behavior; ness of the intervention complications intervention. ((3)(i), F.A.C. Is not met as evidenced by; when, observation and by falled to have a Registered conduct a face to face resident, to include the life, within one hour of the for seclusions and #17).		The Director Nursing (DON) and faci Manager (RM) reviewed and revised the policy related to the use and document and	ne facility station of " ents are policy and of the policy after th	, 2016
			:			
	 Review on 	of the facility's policies and		1		

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during the debriefing a plan to prevent

further injury is to be developed and

medical treatment promptly for any injury sustained by a resident during

documented in the medical record. Requirement to obtain and document

the use of

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nency for Health Care Administration			

AND DEAN OF CODERCTION I DESCRIPTION AND MADE IN		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED	
		RC57000060	B. WING	04/08/2016	
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NAME OF PROVIDER OR SUPPLIER

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SANDY PINES

TEQUESTA, FL 33469 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY C 208 Continued From page 14 C 208 C 208 Continued procedures titled. " and Requirement for an MD or nurse to revealed that the most recent review of evaluate the well-being of the resident the policies and procedures documented that a immediately after the resident is Registered Nurse (RN) conduct a face to face removed from and/or assessment assessment of the resident within an and to document that hour of the initiation of a or evaluation Observations conducted on al Need to notify the resident's legal approximately 9:25 AM, with the facility's Nurse guardian that the resident had a Manager revealed an area that contained two and/or , with doors in place; the doors document that notification opened out to a small common area that also Requirement to conduct document a face to face discussion contained a ; the area was separated from a hallway that led to common areas by a set with all staff and the resident involved of double doors. The Nurse Manager reported, In an emergency intervention. during an interview, on discussion must include the at approximately circumstances resulting in the use of 9:25 AM that the facility had taken off the doors to and/or to avoid strategies to be used by the staff, the re-added them after a revision of their policies. resident, or others that could prevent of the facility's own video Review on the future use of recording revealed Residents #16 and #17 on Requirement to complete and at approximately 5:00 PM, locked away document a debriefing session within from other residents, in an area that they did not 24 hours after use of and/or frequent as part of their daily routines. The with the staff involved in the residents were observed in the area that emergency safety andlor contained the two small , without doors at and appropriate supervisory that time, leading into a common area that had a and administrative staff to review the set of locked double doors. The area was void of circumstances resulting in the use of any furniture, except for a plastic chair. There and/or was a staff member present in the area. The strategies to be used by the staff, the residents were observed kicking the double resident, or others that could prevent doors; the doors did not open when kicked. They further use of . If an 1 were observed pacing back and forth in the area injury is sustained by a resident during and this lasted at least 5 minutes. the use of and/or

accompanied by Law Enforcement officers after AHCA Form 3020-0001

Review of Resident #16's record on

resident was admitted to the facility on

revealed evidence of documentation that the

The resident's record revealed evidence of documentation that the facility sent the resident to

receiving facility on

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STATEMEN	or Health Care Adm T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	Registered Nurse (assessment assesshour of the initiation Observations condi- approximately 9:25 Manager revealed a wopened out to a sm contained a from a hallway that of double doors. Th during an interview, 9:25 AM that the fa the re-added them after	usedures documented that a RN) conduct a face to face sment of the resident within an to fa or used on at AM, with the facility's Nurse an area that contained two tith doors in place; the doors all common area that also the area was separated led to common areas by a set the Nurse Manager reported, on at approximately collith and taken off the doors to to avoid ra revision of their policies.		medical records forms related documentation of the use of restraint/ to ensure that all required elements documented correctly and thoroughly. The DON, , and designees, alo Corporate Divisional Clinical Directors, retraining to all nurses, direct castending byschiatrists, and senior leaded attending byschiatrists, and senior leaded	could be ng with provided re staff, rship on: roopriate and/or nergency the uding: use of
AHCA Form	Review on recording revealed at approximation of the resident frequent as part of residents were obstated frequent as part of residents were obstated frequent as part of residents were obstated frequent as the followed double any furniture, except was a staff member residents were obstated part of the force of the f	of the facility's own video Residents #16 and #17 on nately 5:00 PM, locked away s, in an area that they did not their daily routines. The eved in the area that mall without doors at to a common area that had a e doors. The area was void of it for a plastic chair. There present in the area. The eved kicking the double in ot open when kicked, they ing back and forth in the area past 5 minutes. #16's record on of documentation that the ed to the facility on drevasaled evidence of the facility sent the resident to in facility sent the resident to in facility sent the resident to in facility on we Enforcement officers after			tain a y use of the control of the c
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Registered Nurse (i assessment assess hour of the Initiation Observations condi- approximately 9:25 Manager revealed it opened out to a sm contained a from a hallway that of double doors. The during an interview, 9:25 Akt that the fat the re-added them afte Review on recording revealed at approxim rom other resident frequent as part of residents were obse- contained the two stattling in set of locked double any furniture, excep was a staff member residents were obse- doors; the doors did were observed paci and this lasted at It. Review of Resident revealed evidence or resident was admitt The resident's reco- documentation that a recolation	codures documented that a RN) conduct a face to face iment of the resident within an of a cated on a lat AM, with the facility's Nurse an area that contained two this doors in place; the doors all common area that also it has a cated on a late of the common area that also it has a cated on a sea that common area by a set en Nurse Manager reported, on at approximately clitty had taken off the doors to to avoid seclusions, but a revision of their policies of the facility's own video Residents #16 and #17 on nately 5:00 PM, locked away s, in an area that they did not their daily routines. The event in the area that mall without doors at to a common area that had a e doors. The area was void of the face in the same and the same		resulting in the use of and/or and street be used by the staff, the or others that could pro	team and and that that the properties of the terms of the

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	procedures titled, "			Requirement to complete a document a debriefing sess	
	the most recent rev			within 24 hours after use	
		ocedures documented that a		and/or w	
		RN) conduct a face to face sment of the resident within an		the staff involved in	
	hour of the initiation			emergency safety and	/or
	Observations cond			and appropri	
		AM, with the facility's Nurse		supervisory and administrat	
		an area that contained two		staff to review the circumstan	ces
		ith doors in place; the doors		resulting in the use of	
		nall common area that also		and/or and strategies be used by the staff, the reside	
	contained a	; the area was separated		or others that could prev	
		led to common areas by a set	i	further use of restraint/	
		ne Nurse Manager reported,		If an injury is sustained by	/ a
	during an interview			resident during the use	
		cility had taken off the doors to		and/or , dui	
	the !	to avoid seclusions, but		the debriefing a plan to prev	
		er a revision of their policies.		further injury is to be develop	
		of the facility's own video		and documented in the med	ical
		Residents #16 and #17 on nately 5:00 PM, locked away		record. Requirement to obtain	and
		is, in an area that they did not		Requirement to obtain a document medical treatm	
		their daily routines. The		promptly for any injury sustain	
		erved in the area that		by a resident during the use	
	contained the two			by a restaura daming the are	
		nto a common area that had a		- Revisions to the /Seclus	ian
		e doors. The area was void of		forms	
		pt for a plastic chair. There		- Documentation requirements rela	ted
		r present in the area. The		to restraint/	
		erved kicking the double		- Expectations for full compliance to	the and
	doors; the doors di	d not open when kicked. They		documentation requirements.	ing
		ing back and forth in the area		documentation requirements.	
	and this lasted at i				
		t #16's record on			
		ted to the facility on			
		rd revealed evidence of			
		the facility sent the resident to			
		no facility on		}	
		w Enforcement officers after			

	for Health Care Adm			15.40:10	PRINTED: 04/26/2016 FORM APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		RC57000060	B. WING		04/08/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
SANDY	PINES		TEQUESTA		
			TA, FL 3346		
(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
C 208	Continued From pa		C 208	C 208 Continued	
	Registered Nurse (assessment assess hour of the Initiation Observations cond approximately 9:25 Manager revealed wo opened out to as mountained a from a hallway that of double doors. The during an interview 9:25 AM that the father of the the resident frequent as approximation of the freedom of the fr	codures documented that a RNN conduct a face to face sment of the resident within an of a cated on a lat AM, with the facility soluries an area that contained two tith doors in place; the doors all common area that also ; the area was separated led to common areas by a set en for a place; the doors at approximately cillty had taken off the doors to to avoid a set of the facility's com video Residents 416 and 417 on hately 5.00 PM, locked away s, in an area that they did not their daily routines. The erved in the area that mall without doors at to a common area that had a e doors. The area was void of the rapistic contains the contains		requirements. Nurses were ad- required to complete a correctly comp of documents to verify understanding documentation requirements. Any 6	file. Each required standing ce with rentation dittonally letted set g of the employee 2016 will
AHCA Form	3020-0001				
STATE FOR	M	•	erren G	MFJ11	If continuation sheet 15 of 34

PRINTED: 04/26/2016 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A BUILDING: RC57000060 04/08/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11301 SE TEQUESTA TERRACE SANDY DINES TEQUESTA, FL 33469 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID (XS) MPLETE DATE ın (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) co PRÉFIX TAG PREFIX TAG DEFICIENCY) C 208 Continued From page 15 C 208 C 208 Continued the resident disrupted the unit, instigated peers Monitoring: and was not responding to redirection and the facility discharged the resident at that time. 100% , 2016 The DON/designees and/or the Further review of the resident's record revealed of all documents related to the use of and ongoing no evidence of documentation that staff on a daily basis to ensure ! documented the () intervention in the compliance with documentation standards and resident's record, including no evidence of policy expectations. Aggregated results of the monitoring is reported monthly by the Director documentation that a RN conducted a face to of Nursing to the facility PI Committee and face assessment of the resident within one hour quarterly to the Governing Body. Any nonof the initiation of the to include the the compliance is addressed through retraining required assessments. and/or disciplinary action as appropriate. For a period of four months, the DON and . 2. Review of Resident #17's record on are conducting daily random audits via that the resident was admitted to the surveillance camera of each residential unit's facility on . The resident's record area with each area viewed at least 2 documented that the facility sent the resident to a time periods each shift. Any incident of receiving facility on is compared with accompanied by Law Enforcement officers after abserved .) OF /restraint to ensure that documented the resident disrupted the unit, instigated peers all episodes are correctly documented. and was not responding to redirection. The Aggregated results of the monitoring is reported resident's record revealed evidence of monthly by the Director of Nursing to the facility documentation that the facility re-admitted the Pi Committee and quarterly to the Governing resident on and discharged the resident Body. Any non-compliance is addressed through on . Further review of the resident's retraining and/or disciplinary action as record revealed no evidence of documentation appropriate. When compliance is maintained for that staff documented the () intervention four months, the monitored will be decreased to in the resident's record, including no evidence of a sample of each shift weekly. documentation that a RN conducted a face to face assessment of the resident within one hour tesponsible: of the initiation of the to include the the Director of Nursing required assessments. at 12:03 PM In an interview conducted on with the facility's Risk Manager, the facility's Risk

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Manager reported that the facility was a locked facility and the units were also locked and she

inquired whether this was a

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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: B. WING RC57000060 04/08/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

11301 SE TEQUESTA TERRACE S

K4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 210	Continued From page 16	C 210	Corrective Actions:	
C 210	Restraini / // Time-Out - Documentation Documentation. Staff shall document the intervention in the child's record, with documentation completed by the end of each shift during which the intervention begins and continues. Documentation shall include: (a) Each order for or ; (b) The lime the emergency safety intervention began and ended; (c) The specific circumstances of the emergency safety situation, the rationale for the type of intervention selected, the less intrustve interventions that were considered or tried and the results of those interventions; (d) Time-specific assessments of the child's physical and condition; (e) The name, position, and credentials of all staff involved in or witnessing the emergency safety intervention; (f) Time and date of notification of the child's parent or guardian and guardian ad litem; (g) The behavioral criteria and assistance provided by staff to help the child meet the criteria	C210	Corrective Actions: The Director Nursing (DON) and facility Risk Manager () avelweed and revised the facility policy related to the use and documentation of and	
	for discontinuation of or ; (h) Summary of debriefing of the child with staff;		and and to document that consultation including the date/time of the consult. Requirement for an MD or nurse to	
	(i) Description of any injuries sustained by the child during or as a result of the or emergency safety intervention and treatment received for those injuries;		evaluate the well-being of the resident immediately after the resident is removed from and/or and to document that evaluation	

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If continuation sheet 17 of 34

AND PLAN	YT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		COMPLE	RVEY
		RC57000060	B. WING		04/08/	2016
VAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SANDY	PINES		TEQUESTA A, FL 3346			
(X4) ID PREFIX TAG	FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	TE	(X5) COMPLET DATE
C 210	Continued From pa	age 17	C 210	C 210 Continued		
	treatment plan, incorporations design for and use of (k) Before the child, the order whether there were conditions or physical for medial to the child and residuant documented in the and the child 's re Chapter 65E-9.013 This STANDARD Based on record reinterview, the facility in the resistance of the child in the resistance of the resis	or current use of callon that could present a risk sults of such review are order for or cord. (4), F.A.C. Is not met as evidenced by: eview, observation and y falled to document a sident's record for 2 of 17 reviewed for seclusions #17) and falled to document a dent's record for 1 of 17 reviewed for 10 of 17 reviewed for 17 reviewed for 10 of 17 reviewed for 17 reviewed for 10 of 17 reviewed for 10 of 17 reviewed for 17 reviewed for 17 reviewed for 10 of 17 reviewed for 18 reviewed for 1		document a debriefing session w 24 hours after use of a with the staff involved in emergency safety and appropriate superv and administrative staff to review circumstances resulting in the ur and/or strategies to be used by the staff resident, or others that could pre	and and ssion sisten when the se of and the se of another	
	Registered Nurse (Justification for each	nt review of revealed of procedures documented a (RN) to "complete the 'Seclusion" packet for episode by the end of the on must be completed within		The DON and and revise medical records forms related to	the Iusion	, 1,2

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	5 1 In-101- D 0 d	Int. to 11-			: 04/26/2016 APPROVED
STATEMEN	for Health Care Adm IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION (X3) DATE COM	SURVEY
		RC57000060	B. WING	04/	08/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
SANDY F	INES		TEQUESTA 'A, FL 3346		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XIS) COMPLETE DATE
C 210	Continued From pa	ge 17	C 210	C 210 Continued	
	treatment plan, incliprocedures designs for and use of (k) Before the child, the order whether there were conditions or physic or medic	, or current use of ation that could present a risk ults of such review are order for or order.		The DON, and designees, along with Corporate Divisional Clinical Directors, provided retraining to all nurses, direct care staff, attending psychiatrists, and senior leadership on: Definition of and appropriate justification for use of and/or during for an emergency safety situation Revisions/clarifications: Who may authorize the use of and/or Requirement to obtain a physician's order for any use of physician's order for any use of and/or Requirement to conduct and document a face to face assessment of the resident no leter than one hour after the	,2016
	Based on record re interview, the facility in the res sampled residents i (Resident #16 and i in the resid sampled residents i (Resident #5).			Initiation of the and/or Requirement to fully document each use of and/or Requirement to document in the medical record, the emergency safety situation that required/putified the use of and/or, the interventions used, and the outcome of the intervention Requirement to document the names of all staff involved in the	

with the indistrect review of the determined a Registered Nurse (RN) to "complete the Justification for Secusion" packet for each / plsode by the end of the shift. Documentation must be completed within AHCA Form 3020-0001 STATE FORM

Review on of the facility's own policies and procedures titled, " and" with the most recent review of revealed.

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and/or Need to consult with the resident's treatment team
physician for the and
and to document that
consultation including the
date/time of the consult.

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Agency	for Health Care Adm	ninistration			FORM APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION .	(X3) DATE SURVEY COMPLETED
		RC57000060	B. WING		04/08/2016
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
SANDY P	PINES		TEQUESTA FA. FL 3346		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETE
C 210	Continued From pa	ige 17	C 210	C 210 Continued	
	treatment plan, Incl. procedures designe for and use of the child, the order whether there were conditions or physical to the child and residence of the chi	or current use of cation that could present a risk cults of such review are order for or cord.		that evaluation Need to notify the resid guardian that the resid guardian that the resid and/or document that notificate in Requirement to consider the constant of the resident involved in an a intervention. The discu	Ing of the after the an document document ent's legal ent had a and on distet and to face f and the mergency sisten must juntation attention atten
	(Resident #5). The findings include	ed:			
	1. Review on	of the facility's own policies			

1. Review on of the facility's own policies and procedures titled, " and " with the most recent review of revealed that the policies and procedures documented a Registered Nurse (RN) to "complete the Justification for "Seculsion" packet for each , episode by the end of the shift. Documentation must be completed within AHCA Form 3020-0001 GMFJ11 If continuation sheet 18 of 34 STATE FORM

13:42:14 561-427-1576 PRINTED: 04/26/2016 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (XZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING: B. WING ___ RC57000060 04/08/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11301 SE TEQUESTA TERRACE SANDY PINES TEQUESTA, FL 33469 SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 210 Continued From page 17 C 210 C 210 Continued Requirement to complete and (i) Review and revise, if necessary, the child's document a debriefing session within 24 hours after use of treatment plan, including a description of procedures designed to prevent the future need and/or : with for and use of or : and the staff involved in the emergency safety and/or safety and/or and appropriate were ordered for (k) Before the child, the ordering physician assessed supervisory and administrative whether there were pre-existing medical staff to review the circumstances conditions or physical , history of resulting in the use of or or current use c. medication that could present a risk and/or and strategies to be used by the staff, the resident, to the child and results of such review are or others that could prevent documented in the order for further use of restraint/seclusion. or and the child 's record. If an injury is sustained by a resident during the use of Chapter 65E-9.013(4), F.A.C. and/or , during the debriefing a plan to prevent further injury is to be developed and documented in the medical record. This STANDARD is not met as evidenced by: Requirement to obtain and Based on record review, observation and document medical treatment interview, the facility failed to document a in the resident's record for 2 of 17 promptly for any injury sustained by a resident during the use of sampled residents reviewed for seclusions (Resident #16 and #17) and felled to document a Revisions to the Restraint/Seclusion in the resident's record for 1 of 17 forms sampled residents reviewed for Documentation requirements related (Resident #5). to restraint/seclusion Expectations for full compliance to the

The findings included:

 Review on of the facility's own policies and procedures titled, " and " with the man't are a second to the facility's own policies." with the most recent review of that the rolleles revealed that the policies and procedures documented a Registered Nurse (RN) to "complete the Justification for Restraint/Seclusion" packet for episode by the end of the each shift. Documentation must be completed within

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Restraint/Seclusion policy and

documentation requirements.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING	E CONSTRUCTION	(X3) DATE :	SURVEY LETED
		RC57000060	8. WING		04/08/2016	
MME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SANDY F	PINES		TEQUESTA A, FL 3346			
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORRECT		(X5) COMPLET
PRÉFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE					DATE
C 210	Continued From pa	age 18	C 210	C 210 Continued	1	
		ch the intervention took place."		Competency was assessed via	post-tests	
	Observations cond	ucted on at		maintained in individual employee's i		
		AM, with the facility's Nurse		employee taking the training was als		
		an area that contained two		to sign an attestation of his/her une		
		vith doors in place; the doors nail common area that also		of the expectations for compli- established policy and doc-	ance with umentation	
	contained a	the area was separated		requirements. Nurses were		
		led to common areas by a set		required to complete a correctly cor		
		he Nurse Manager reported,		of documents to verify understand	ling of the	
	during an interview			documentation requirements. Any		
		cility had taken off the doors to		failing to complete training by be required to complete the train	, 2016 will	
	the	to avoid seclusions, but		be required to complete the train being allowed to return to work.	ing perore	
		er a revision of their policies. of the facility's own video		deling allowed to return to work.		
		Residents #16 and #17 on				
		nately 5:00 PM, locked away				
		ts, in an area that they did not				
		their dally routines. The		į		
		erved in the area that		1		
	contained the two			i		
		nto a common area that had a e doors. The area was void of		į		
		pt for a plastic chair. There		1		
		r present in the area. The				
		erved kicking the double				
		d not open when kicked. They		1		
		ing back and forth in the area				
	and this lasted at le					
	Review of Residen	t #16's record on of documentation that the				
		ted to the facility on				
		ord revealed evidence of				
	documentation that	the facility sent the resident to				
		ng facility on		}		
		aw Enforcement officers after				
		ted the unit, instigated peers				
		nding to redirection and the the resident at that time.				
		ne resident at mat time.				
		umentation that staff				
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	for Health Care Adm	inistration (X1) PROVIDER/SUPPLIER/CLIA	(M2) ARRITOR	LE CONSTRUCTION		APPROVED	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		RC57000060	B. WING		04/0	18/2016	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
SANDY F	PINES		TEQUESTA				
			A, FL 3346				
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C 210	Continued From pa	ge 19	C 210	C 210 Continued			
	resident's record.			Monitoring:			
	facility on documented that the receiving accompanied by Le resident disrupt and was not respor resident's record reduction on Further record revealed no that staff document in the resident's recur in an interview cont with the facility's Riv. Manager reported t	sident was admitted to the The resident's record e facility on we Enforcement officers after ed the unit, instigated peers diding to redirection. The vealed evidence of the facility re-admitted the and discharged the resident review of the resident's evidence of documentation of the intervention at 12.03 PM & Manager, the facility's Risk hat the facility was a locked were also locked and she		of all documents related to no adaly compliance with documentation policy expectations. Aggregate monitoring is reported monthly of Nursing to the facility PI quarterly to the Governing bit compliance is addressed this and/or disciplinary action as application and/or action action and/or action action action and/or action	of four months, the DON and citing daily candom audits via camera of each residential unit's as with each area viewed at least 2 is each shift. Any incident of or is compared with or is compared with the correctly documented. The correctly documented results of the monitoring is reported by the processor of warsing to the facility be discussed in the contract of the contract of the monitoring is reported.		
	on at 3:30 i staff of spitting on the record revealed evi- "monthly district state documented the re- yesterday" and no a documentation rela- intervention. During a review on PM, of the facility's occurrence and inter-	sident was "restrained additional information/packet		Body, Any non-compliance is ad- retizalining and/or disciplining appropriate. When compliance four months, the monitored will a sample of each shift weekly. Responsible: Director of Nursing	ry action as is maintained for		

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-427-157	6 for Health Care Adm	inistration			PRINTED: 04/26/2016 FORM APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		RC57000060	B. WING		04/08/2016	
NAME OF I	PROVIDER OR SUPPLIER PINES	11301 SE	DORESS, CITY, 6 TEQUESTA 1 TA, FL 33469	TERRACE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
C 210	Continued From pa	age 20	C 210			
		e any video recording of the tional information. In an			:	

C 213

at 12:03 PM with Interview conducted on the facility's Risk Manager, the facility's Risk Manager acknowledged the finding,

C 213 Restraint/Seclusion/Time-Out - Notification

Notification of use of

1. As soon as possible, but no later than 24 hours after the Initiation of each emergency safety intervention, the provider shall notify the parent or quardian that the child has been restrained or

placed in 2. The provider shall document in the child 's record that the parent or guardian was notified. including the date and time of notification and the name of the staff person providing the notification.

Chapter 65E-9.013(6)(b), F.A.C.

This STANDARD is not met as evidenced by: Based on record review, observation and interview, the facility failed to notify the resident's legal guardians that the residents had a for 2 of 17 sampled residents reviewed for and (Resident #16 and #17).

. The findings included:

of the facility's own policies Review on and procedures titled, " and with the most recent review of that the policies and procedures documented a Registered Nurse (RN) to "notify the resident's Corrective Actions:

The Director Nursing (DON) and facility Risk Manager () reviewed and revised the facility policy related to the use and documentation of and and

to ensure that are required elements are included and clearly stated for staff interpretation. Key elements of the policy include:

- Clarification on the definition of
- and Who may authorize the use of
- and/or Requirement to obtain a physician's and/or order for any use of
- Requirement to conduct document a face to face assessment of the resident no later than one hour after the Initiation of the and/or
- Requirement to fully document each use of and/or
- Requirement to document in the medical record, the emergency safety situation that required/justified the and/or , the use of interventions used, and the outcome
- of the Intervention Requirement to document the names of all staff involved in the and/or ...

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STATEMEN	for Health Care Adm or OF DEFICIENCIES OF CORRECTION	Inistration (X1) Provider/Supplier/Clia Identification Number:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		RC57000060	B. WING		04/08/2016	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
SANDY F	PINES		TEQUESTA A, FL 3346			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES D PROVIDERS PLAN OF CORRECTI (EACH DEFICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LISC IDENTIFYING INFORMATION) TAG PREPIX TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)			BE	(X5) COMPLETE DATE	
C 213	Continued From pa	ge 21	C 213	C 213 Continued		
	parent or guardian soon as possible at or this notification to in notified, type of noti data/lime of notification to in notified, type of noti data/lime of notification to inclined, type of noti data/lime of notification of the notification of t	of the or as ter the initiation of the The RN must document clude name of guardian floation, RN's signature and tion." All the signature and tion. It is a mare that contained two tits doors in place; the doors all common area that also if the area was separated led to common areas by a set en Nurse Manager reported, on at approximately cillty had taken off the doors to the avoid sectualons, but a revision of their policies. Of the facility's own video Residents #16 and #17 on natively 5:00 FM, locked away is, in an area that they did not helir daily routines. The seved in the area that to a common area that had a solors. The area was void of it for a plastic chair. There present in the area. The area chair in the proper side of the side of the reas and the side of the side of the side. They no back and forth in the area as the minutes.		document that consultation in the date/time of the consult. Requirement for an MD or n evaluate the well-being of the r immediately after the resirement from and to documen evaluation. Need to notify the resident guardian that the restraint and/or accusion document that notification. Requirement to conduct document afface to face did with all staff and the resident in an emergency intervention discussion must include circumstances resulting in the analysis to be used by the stresident, or others that could the future use of feequirement to complete the comment a debriefling session.	or the and to to cluding urse to esident is and/or t that is and/or t that and and and cussion movived in the use of and aff, the prevent and	
		g facility on	,			

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Agency for Health Care Administration							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(KZ) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED				
	RC57000060	B. WING	04/08/2016				

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SANDY PINES

11301 SE TEQUESTA TERRACE

MD4 H	TEQUEST	A, FL 3346	9		
(4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 213	Continued From page 21	C 213	C 213 Continued		
C 213	continued From page 21 parent or guardian of the soon as possible after the initiation of the or The RN must document this notification to include name of guardian notified, type of notification, RN's signature and date/time of notification, RN's signature and date/time of notification. Observations conducted on approximately 9:25 AM, with the facility's Nurse Manager revealed an area that contained two with doors in place; the doors opened out to a small common area that also contained a the area was separated from a hallway that led to common areas by a set of double doors. The Nurse Manager reported, during an interview, on at approximately 9:25 AM that the facility had taken off the doors to the loss of the solid that approximately 9:25 AM that the facility had taken off the doors to the loss of the facility of the policies. Review on of the facility's own video recording revealed Residents #16 and #17 on at approximately 5:00 PM, locked away from other residents, in a rea that they did not frequent as part of their daily routines. The residents were observed in the area that contained the two small , without doors at that time, leading into a common area that thad a set of locked double doors. The area was void on your furniture, except for a pleastic chair. There	C 213	DEFICIENCY)	,2016	
	was a staff member present in the area. The residents were observed kicking the double doors; the doors did not open when kicked. They were observed pacing back and forth in the area and this lasted at least 5 minutes. Review of Resident #16's record on revealed evidence of documentation that the resident was admitted to the facility on The resident's record revealed evidence of documentation that the resident to receiving facility on the resident to receiving facility on the resident to receiving facility on		justification for use of and/or during for an emergency safety situation or an emergency safety situation. Revisions/clarification to the Restrains/Seclusion Policy including: • Who may authorize the use of and/or • Requirement to obtain a physiciant's order for any use of and/or		

AHCA Form 3020-0001 STATE FORM 6559 GMFJ11 If continuation sheet 22 of 34

-427-1576					13:44:18		04/26/2016
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Agency for Health Care Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MINISTRACTION MUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING:			(X3) DATE SURVEY COMPLETED		
		RC57000080	B. WING			04/0	8/2016
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SANDY F	PINES		TEQUESTA A, FL 3346				
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C 213	Continued From pa	ge 21	C 213	C 213 Continu	ued		
	or this notification to in notified, type of notification to in notified, type of notification	ter the initiation of the The RN must document iclude name of guardian flication, RN's signature and idion." ated on at AM, with the facility's Nurse an area that contained two ith doors in place; the doors all common area that also ; the area was separated led to common areas by a set ie Nurse Manager reported; on at approximately citility had taken off the doors to to avoid sectusions, but or a revision of their policies, of the facility's own video Residents #16 and #17 on tately 5:00 PM, locked away s, in an area that they did not their delly routines. The erved in the area that			Requirement to conduction assessment of the relater than one hour links and to the relater than one hour links and to the relater than one hour medical record, the safety situation required/bustlided the and/or interventions used, outcome of the intervention used, and to document of the consultation includ date/time of the consultation includ date/time of the consultation includ date/time of the consultation and to evaluate the well-bustless and/or and/or and to and/or and/or and to and/or and/or and to and/or	to face sident no oafter the and/or document and/or ent in the emergency that use of figure and the tition ment the tweel in the team and ment that tig the b. D or nurse ling of the after the after the after the safter t	
	residents were obse doors; the doors did	r present in the area. The erved kicking the double if not open when kicked. They ing back and forth in the area ast 5 minutes.		•	Need to notify the resk guardian that the resk and/or document that notificat	lent had a	

and this leated at least to minutes.
Review of Resident #16's record on
revealed evidence of documentation that the
resident was admitted to the facility on
The resident's record revealed evidence of
documentation that the facility sent the resident to

receiving facility on AHCA Form 3020-0001

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	for Health Care Adm					
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	ž:	COMP	PLETED
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SANDY F	PINES		TEQUESTA TA, FL 3346			
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	parent or quardian	of the or as	1	1		
	bareit a gassible a	ofter the Initiation of the		Requirement to cont	duet and	
	Or	. The RN must document	,	document a face		
	this notification to in	Include name of guardian	1	discussion with all staff	ff and the	
		tification, RN's signature and	1	resident involved in an e	-mergency	
	date/time of notifica		1	intervention. The discus		
	Observations condi				umstances	
		5 AM, with the facility's Nurse	:	resulting in the use of		
	Manager revealed	an erea that contained two		and/or and str	rategies to	
	W	with doors in place; the doors	i	be used by the staff, the	e resident,	
	onened out to a sr	nall common area that also		or others that could pro	revent the	
	contained a	; the area was separated	*	future use of /	l.	
	from a hellway that	t led to common areas by a set		Requirement to comp		
	of double doors, Th	he Nurse Manager reported,		document a debriefing	ng session	
	during an interview	v. on at approximately		within 24 hours after	er use of	
	0.25 AM that the fa	acility had taken off the doors to		and/or	with	
	the	to avoid seclusions, but		the staff involved		
	trie	er a revision of their policies.		emergency safety	and/or	
	fb-autou mom a	A S LOVIDION OF WHEN PERSONS			ppropriate	
	Review on	of the facility's own video		supervisory and admi		
	recording revealed	i Residents #16 and #17 on		staff to review the circuit		
	recording reveals in	mately 5:00 PM, locked away		resulting in the use of		
	trom other residen	its, in an area that they did not			rategles to	
	from union rooms	their dally routines. The		be used by the staff, the		
		served in the area that		or others that could further use of		
	contained the two s			further use of / if an injury is sustaine		
	that time leading if	Into a common area that had a		if an injury is sustaine resident during the		
	est of locked doub!	le doors. The area was void of			use of a during	
		ept for a plastic chair. There		the debriefing a plan to		
		er present in the area. The		further injury is to be di		
	rapidents were obs	served kicking the double		and documented in the		
	doors: the doors die	lid not open when kicked. They		record.	historia.	
	were observed par	cing back and forth in the area		Requirement to obta	alo and	
	and this lasted at le	east 5 minutes.		document medical tr		
		nt #16's record on		promptly for any injury s		
	LENGA OF LINGES	THING INCOME OF				

by a resident during the use of /seclusion

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STATEMEN	for Health Care Adm IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE	SURVEY ETED
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	parent or guardian- soon as possible al or of this nodification to in ord off the nodification to in observations cond approximately 9.25 off Manager revealed in ord	of the or as ter the initiation of the The RN must document the All Must document clude name of guardian floation. RN's signature and itlon." AM, with the facility's Nurse an area that contained two tith doors in place; the doors all common area that also it has a sea and a		- Revisions to the forms - Documentation requirement to /scclusion - Espectations for full compilal /Scclusion polit documentation requirements - Competency was assessed via maintained in individual employee's H employee taking the training was size to sign an attestation of his/her undid the espectations for compilal established policy and docur requirements. Navises were au required to complete a correctly com of documents to verify understanding documents to verify understanding documents. Any	post-tests t file. Each o required entertailing net additionally pieted set ng of the employee 2016 will	
	resident was admitt The resident's reco documentation that	rd revealed evidence of the facility sent the resident to no facility on				
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AHCA Form 3020-0001 STATE FORM

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TAG REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE OF CROSS-REFERENCED TO THE APPROPRIATE OF CROSS-R	Agency	for Health Care Adm	inistration				
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FRECH DEPLICIANCY OF LISC IDENTIFYING INFORMATION PRESENT TAG C 213 Continued From page 22 accompanied by Law Enforcement officers after the resident disrupted the unit, Instigated peers and was not responding to redirection and the facility discharged the resident at that time. Further review of the resident's record revealed no evidence that staff documented the () Intervention in the resident's record, including no evidence of documentation that the facility notified the resident's record on revealed by Law Enforcement officers after the resident disrupted the unit, instigated peers and was not responding to redirection. The resident's record documented that the facility sent the resident to a receiving facility on accompanied by Law Enforcement officers after the resident disrupted the unit, instigated peers and was not responding to redirection. The resident stream of the resident on and discharged the resident on European of the resident on Turther review of the resident on Turther review of the resident's record revealed on evidence that staff documented the () intervention in the resident on Turther review of the resident on Turther review of the resident's record, revealed evidence of documentation that the facility re-admitted the resident on Turther review of the resident's record revealed on evidence that the facility review of the resident's record revealed on evidence that the facility was a looked facility; the units were also locked and she inquired whether this was a	SANDY F		TEQUEST				
accompanied by Law Enforcement officers after the resident disrupted the unit, instigated peers and was not responding to redirection and the facility discharged the resident at that time. Further review of the resident at that time. Further review of the resident's record, including no evidence that staff documented the () intervention in the resident's record, including no evidence of documentation that the facility notified the resident's record on revealed that the resident's record on revealed that the facility sent the resident to a receiving facility on accompanied by Law Enforcement officers after the resident disrupted the unit, instigated peers and was not responding to redirection. The resident's record revealed evidence of documentation that the facility re-admitted the resident onnuther review of the resident onnuther review	PREFIX	(EACH DEFICIENC!	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	DBE	COMPLETE
In an interview conducted on at 12:03 PM with the facility's Risk Manager, the Risk Manager reported that the facility was a locked facility the urities were also locked and she inquired whether this was a		accompanied by Let the resident disrupton facility discharged further review of the ovidence that is a light of the control of	aw Enforcement officers after ed the unit, Instigated peers diding to redirection and the her esident at that time. Her esident at that time her esident are record revealed aff documented the titlon in the resident's record, ce of documentation that the esident's guardian of the esident's guardian of the esident's guardian of the esident was admitted to the . The resident's record he facility on the resident's record her esident of the resident to a facility or and esident entitle the esident to a facility or and esident entitle the esident to a facility or and esident entitle the esident evidence that staff history of the resident's evidence that staff history of the resident's evidence that staff history of the resident in the facility or end of the resident evidence that staff history of the resident in the facility or evidence that staff history of the resident in the facility or evidence that the	C 213	Monitoring: The DON/designees and/or the of all documents related to the of all documents related to the property of the documents of the documents of the property of the documents of the docum	use of to ensure dards and alts of the e Director littee and Any non-retraining see. N and udits via that you will be used to be seed with some that unmented, is reported the facility Governing d through thom as tained for lained	8, 2016 and ongoing
C 217 Restraint/Seclusion/Time-Out-Post-Rest./Secl. C 217		In an interview con with the facility's Ri reported that the fa units were also loci	sk Manager, the Risk Manager cility was a locked facility; the ked and she inquired whether				
			/Time-Out-Post-Rest./Secl.	C 217			1

After the use of

AHCA Form 3020-0001 STATE FORM

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, staff

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If continuation sheet 23 of 34

Agency	for Health Care Adm	Inistration	_	,	APPROVE
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				DEFICIENCY	
C 217	Continued From pa	ge 23	C 217		
		gency safety intervention and		Corrective Actions:	, 2010
		a face-to-face discussion.		The Director Nursing (DON) and facility Risk	
	which is also known	as a debriefing. Whanever		Manager () reviewed and revised the facility	
		staff scheduling, this		policy related to the use and documentation of	
		lude all staff involved in the		and " and " to ensure that are required elements are	
	intervention. The cl	nild's parent or guardian shall		included and clearly stated for staff	
		pate in the discussion. The		Interpretation. Key elements of the policy	
		uct the discussion in a derstood by the child and the		Include:	:
		uerdian. The discussion shall		- Clarification on the definition of	, i
		ild and staff the opportunity to		and	
		stances resulting in the use of		- Who may authorize the use of	
	or	and strategies to be used by		and/or seclusion	
	the staff, the child,	or others to prevent the need		- Requirement to obtain a physician's order for any use of and/or	
	for the future use o			order for any use of and/or	
		cur within 24 hours of the		- Requirement to conduct and	
		ntion, subject to the following		document a face to face assessment of	
	exceptions:			the resident no later than one hou	
	1 Alleumann mou	be made to accommodate the		after the initiation of the	
		arent(s) or legal guardian(s) of		and/or	
		request an opportunity to		- Requirement to fully document each use of and/or	
		briefing and when staff deem		use of and/or - Regularment to document in the	
	their participation a	ppropriate.		medical record, the emergency safety	
				situation that required/justifled the	
		be made to accommodate		use of and/or , the	
		tion schedules, ilinesses, and		interventions used, and the outcome	1
		al, state, and local labor laws		of the intervention	
	and regulations.	1		Requirement to document the name of all staff involved in the	1
	Chapter 65E-9.013	(10)(a) E A C		and/or seclusion	
	Chapter oac-a.01a	(10)(a), F.A.C.		- Need to consult with the resident's	;
		i		treatment team physician for the	
	This STANDARD I	s not met as evidenced by:		and and to	•
	Based on observat	ion and interview, the facility		document that consultation including	ł ·
		debriefing session within 24		the date/time of the consult.	
	hours after the use				
		nd staff involved in the		l	
	emergency safety	propriate supervisory and			
	: Il itai veridon and ap			1	

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Agency	。 for Health Care Adm	inistration			PRINTED: 04/26/2016 FORM APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		RC57000060	B. WING		04/08/2016
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
SANDY F	PINES		TEQUESTA A, FL 3346		
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C 217	Continued From pa	ge 24	C 217	C 217 Continued	
	administrative staff reviewed for sectus 114, #16 and #17). The findings include 1. Review, on revealed evidence cresident had physic 6:18 PM to 6:27 PM vidence of documattempted to condustraff/administrative in an interview communistrative in an interview comportantely 9:25 Murse Manager revealed a supproximately 9:25 AM that the factorial and a simple of the findings.	of Resident #14's record of documentation at the all on the facility of the fa		Requirement for an MD o evaluate the well-being of immediately after from section and to docur evaluation. Need to notify the reside guardian that the reside and/or document that notification. Requirement to combine the reside in an emerging interpretation of the reside with all saff-and the reside in an emerging interpretation of the reside in an emerging interpretation of the resident of the r	he resident setdent is and/or nent that ent's legal nt had a legal
		to a common area that had a a doors. The area was void of		the use of/	

AHCA Form 3020-0001

If continuation sheet 25 of 34 STATE FORM GMFJ11

13:46:35 561-427-1576 PRINTED: 04/26/2016 FORM APPROVED Agency for Health Care Administration (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES (X3) DATE SURVEY A. BUILDING: 8. WING RC57000060 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11301 SE TEQUESTA TERRACE SANDY PINES TEQUESTA, FL 33469 SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC (DENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE (X4) ID PREFIX TAG DEFICIENCY C 217 C 217 Continued From page 24 C 217 Continued . 2016 and revised all administrative staff for 3 of 17 sampled residents The DON and (Resident medical records forms related to the reviewed for seclusions and documentation of the use of restraint/ #14, #16 and #17). to ensure that all required elements could be documented correctly and thoroughly. The findings included: The DON, , and designees, along with , 2016 of Resident #14's record 1. Review, on Corporate Divisional Clinical Directors, provided revealed evidence of documentation that the retraining to all nurses, direct care staff, resident had physical from on attending psychiatrists, and senior leadership on: 6:18 PM to 6:27 PM; however, there was no Definition of and appropriate evidence of documentation that the facility justification for use of and/or attempted to conduct a resident and during for an emergency staff/administrative debriefing after the safety situation in an interview conducted on at 1:54 PM Revisions/clarifications to the with the facility's Risk Manager and the facility's Policy including: Nurse Manager, the participants acknowledged Who may authorize the use of the findings and/or Requirement to abtein physician's order for any use of 2. Observations conducted on and/or approximately 9:25 AM, with the facility's Nurse Requirement to conduct and Manager revealed an area that contained two document a face to face , with doors in place; the doors assessment of the resident no opened out to a small common area that also later than one hour after the the area was separated contained a initiation of the and/or from a hallway that led to common areas by a set · Requirement to fully document of double doors. The Nurse Manager reported, during an interview, on at approximately and/or each use of 9:25 AM that the facility had taken off the doors to to avoid seclusions, but Requirement to document in the re-added them after a revision of their policies. medical record, the emergency safety of the facility's own video situation that Review on recording revealed Residents #16 and #17 on required/justified the use of at approximately 5:00 PM, locked away and/or the

set of locked double doors. The area was void of HCA Form 3020-0001 TATE FORM

from other residents, in an area that they did not

that time, leading into a common area that had a

, without doors at

frequent as part of their dally routines. The

residents were observed in the area that

contained the two small

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If continuation sheet 25 of 34

Interventions used, and the

Requirement to document the

names of all staff involved in the

outcome of the intervention

and/or

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PRINTED: 04/26/2018 FORM APPROVED Agency for Health Care Administration (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED A BUILDING B. WING_ RC57000060 04/08/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11301 SE TEQUESTA TERRACE SANDY PINES TEQUESTA, FL 33469 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX TAG (X6) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX **DEFICIENCY** C 217 C 217 Continued From page 24 C 217 Continued ariministrative staff for 3 of 17 sampled residents reviewed for seclusions and (Resident Need to consult with the #14, #16 and #17). resident's treatment team physician for the and The findings included: and to document that consultation including the 1. Review, on 4/ of Resident #14's record date/time of the consult. revealed evidence of documentation that the Requirement for an MD or nurse resident had physical on from to evaluate the well-being of the 6:18 PM to 6:27 PM: however, there was no resident immediately after the evidence of documentation that the facility resident is removed from attempted to conduct a resident and and/or and to document staff/administrative debriefing after the that evaluation at 1:54 PM In an interview conducted on Need to notify the resident's legal with the facility's Risk Manager and the facility's Nurse Manager, the participants acknowledged guardian that the resident had a and/or the findings. document that notification · Requirement to conduct and document a face to face discussion with all staff and the 2. Observations conducted on approximately 9:25 AM, with the facility's Nurse resident involved in an emergency Manager revealed an area that contained two Intervention. The discussion must , with doors in place; the doors include the circumstances resulting in the use of opened out to a small common area that also and strategies to ; the area was separated and/or contained a be used by the staff, the resident, from a hallway that led to common areas by a set or others that could prevent the of double doors. The Nurse Manager reported, future use of during an interview, on at approximately 9:25 AM that the facility had taken off the doors to to avoid seclusions, but re-added them after a revision of their policies. of the facility's own video Review on recording revealed Residents #16 and #17 on at approximately 5:00 PM, locked away from other residents, in an area that they did not frequent as part of their daily routines. The

set of locked double doors. The area was void of AHCA Form 3020-0001

residents were observed in the area that contained the two small

that time, leading into a common area that had a

, without doors at

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If continuation sheet 25 of 34

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIERCLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE 5 COMPL	
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AME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
ANDY F	PINES		TEQUESTA A. FL 3346			
(X4) ID		TEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION		(X5)
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C 217	Continued From pa	ge 24	C 217	C 217 Continued		
:	administrative staff	for 3 of 17 sampled residents		Requirement to comp		
	reviewed for seclus	ons and (Resident		document a debriefing		
	#14, #16 and #17).	•		within 24 hours after and/or	r use of with	
	The findings include	nd.		the staff involved	In the	
	The months month	au.		emergency safety	and/or	
	1. Review, on	of Resident #14's record		seclusion and ap supervisory and admi	propriate	
		of documentation that the	;	supervisory and adm		
	resident had physic			resulting in the use of		
		f; however, there was no			ategles to	
		entation that the facility		be used by the staff, the		
	attempted to condu			or others that could		
	In an interview con	debriefing after the ducted on at 1:54 PM		further use of /		
		sk Manager and the facility's		if an injury is sustain resident during the		
		e participants acknowledged		and/or	use or	
	the findings.	o participanta acintomicagea	2	the debriefing a plan to		
				further injury is to be o		
				and documented in the	e medical	
	2. Observations co			record.		
		AM, with the facility's Nurse		Regulrement to obt		
		an area that contained two		document medical to promptly for any injury		
		ith doors in place; the doors		by a resident during the		
	opened out to a sm contained a	all common area that also the area was separated		/seclusion	~ 030 01	
		ied to common areas by a set		- Revisions to the Restraint/	Seclusion	
		e Nurse Manager reported		forms		
	during an interview.			- Documentation requirement	s related	
	9:25 AM that the fa	cility had taken off the doors to		to / Expectations for full complian	on to the	
	the	to avoid seclusions, but		Restraint/Seclusion policy		
		r a revision of their policies.		documentation requirements		
		of the facility's own video Residents #16 and #17 on				
		residents #16 and #17 on retely 5:00 PM, locked away		1		
		s, in an area that they did not				
		their daily routines. The		1		
	residents were obsi	erved in the area that		1		
		mall rooms, without doors at		1		
		to a common area that had a doors. The area was void of				

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FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING: _ COMPLETED B. WING RC57000080 04/08/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11301 SE TEQUESTA TERRACE SANDY PINES TEQUESTA, FL 33469 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) MPLETE DATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CO TAG DEFICIENCY C 217 Continued From page 24 C 217 C 217 Continued administrative staff for 3 of 17 sampled residents reviewed for seclusions and (Resident #14, #16 and #17).

The findings included:

1. Review, on of Resident #14's record revealed evidence of documentation that the resident had physical from on 6:18 PM to 6:27 PM; however, there was no evidence of documentation that the facility attempted to conduct a resident and staff/administrative debriefing after the at 1:54 PM In an interview conducted on with the facility's Risk Manager and the facility's Nurse Manager, the participants acknowledged the findings.

2. Observations conducted on approximately 9:25 AM, with the facility's Nurse Manager revealed an area that contained two , with doors in place: the doors opened out to a small common area that also contained a ; the area was separated from a hallway that led to common areas by a set of double doors. The Nurse Manager reported, during an interview, on at approximately 9:25 AM that the facility had taken off the doors to to avoid seclusions, but the re-added them after a revision of their policies. Review on of the facility's own video recording revealed Residents #16 and #17 on at approximately 5:00 PM, locked away from other residents, in an area that they did not

frequent as part of their dally routines. The residents were observed in the area that

that time, leading into a common area that had a

contained the two small

, without doors at

Competency was assessed via post-tests maintained in individual employee's HR file. Each employee taking the training was also required to sign an attestation of his/her understanding of the expectations for compliance with established policy and documentation requirements. Nurses were additionally required to complete a correctly completed set of documents to verify understanding of the documentation requirements. Any employer failing to complete training by 8, 2016 will be required to complete the training before 8, 2016 will being allowed to return to work.

set of locked double doors. The area was void of 4HCA Form 3020-0001

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PRINTED: 04/26/2016

Agency	for Health Care Adm	inistration			FORMA	PPROVED
STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE S	SURVEY
		RC57000060	B. WING		04/08	8/2016
NAME OF I	PROVIDER OR SUPPLIER	11301 SE	TEQUESTA	STATE, ZIP CODE L TERRACE		
Craip.		TEQUEST	A, FL 3346	9		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE.	COMPLETE DATE
C 217	Continued From pa	ge 25	C 217	C 217 Continued		
AHCA Form	was a staff membe residents were obsidors; the doors diversed the state of the stat	#16's record on of documentation that the led to the facility on ord revealed evidence of inthe facility on the facility and the resident to gradility on we Enforcement officers after ed the unit, instigated peers diding to redirection and the her resident at that time, he resident record revealed aff documented the unit line in the resident are record, ce that the resident and debriefing occurred after the entitle in the resident and debriefing occurred after the resident was admitted to the The resident's record to a facility on the resident of a facility on the resident was a fire and the unit, instigated peers diding to redirection. The vesied evidence of the facility re-admitted the and discharged the resident's evidence that staff in the coldulary or evidence that staff in the coldulary or evidence that the dministrative debriefing			ensure and	B, 2016
STATE FOR			4010	GMFJ11	If continuation	sheet 26 of 34

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Agency for Health Care Ad	ninistration			ORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING) DATE SURVEY COMPLETED
	RC57000060	B. WING		04/08/2016
NAME OF PROVIDER OR SUPPLIES	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
SANDY PINES		TEQUESTA TA, FL 3346		
(X4) ID SUMMARY S	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX (EACH DEFICIENCE	LY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COMPLETE
C 217, Continued From p	age 26	C 217		
reported that the f	nducted on at 12:03 PM lisk Manager, the Risk Manager actility was a locked facility, the sked and she inquired whether			1
and appropriate s staff, shall conduct Includes a review 1. The emergency the intervention, it factors that cause 2. Alternative, less have prevented it 3. The proceduret implement in the t of the use of 4. The outcome o injuries that result	is, if any, that staff are to utture to prevent any recurrence or ; and f the intervention, including any ed from the use of treatment provided for those	C 218	Requirement to conduct document a face to face susessme the resident no later than one after the inhibition of the analyer seclusion Requirement to fully document use of analyor Requirement to document in medical record, the emergency as situation that required/justified	cellity an of are staff colley of of and and and and ant of hour each the

This STANDARD is not met as evidenced by: Based on record review, observation and interview, the facility failed to conduct the required debriefing session after the use of a AHCA Form 3020-0001

STATE FORM

of the intervention

Requirement to document the names of all staff Involved in the and/or

Inenr.	for Health Care Adm	Injetration				
TATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		RC57000060	B. WING		04/0	8/2016
AME OF	PROVIDER OR SUPPLIER	PTDEET AD	DREED OFF	STATE, ZIP CODE		
AME UF	PROVIDER OR SUPPLIER		TEQUESTA			
ANDY I	PINES		A, FL 3346			
(X4) ID		TEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR U	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	LD BE OPRIATE	DATE
C 218	Continued From pa	ne 27	C 218	C 218 Continued		
0210		=	52.0	- Need to consult with the	resident's	
		the staff involved in the		treatment team physician		
	emergency safety	and	ļ	and	and to	
		propriate supervisory and for 3 of 17 sampled residents		document that consultation		
	reviewed for seclus			the date/time of the consult		•
	#14, #16 and #17).	inia una (reconcerte	ĺ	 Requirement for an MD or evaluate the well-being of the 		
	,		1	immediately after the r		
	The findings include	ed:		removed from	and/or	
				and to docum	nent that	
	1. Review on	of the facility's policies and	į.	evaluation		
	procedures titled "	and "with	i	- Need to notify the resid		
	the most recent rev			guardian that the reside		
	staff involved in pla	cedures documented, "All cing a resident in or	1	document that notification	and	
		nts as well as witnesses and	1	- Reguliement to cond	uct and	
		sory staff, are included in a		document a face to face		
		ussion of what took place as	1.	with all staff and the reside		
		ter the incident occurs. The	1	in an emergency interven		
		eet will be completed and		discussion must inclu		
	discussed no later	than 24 hours after the event."	•	circumstances resulting in restraint and/or seclus		
			š	strategies to be used by the	staff the	
		of Resident #14's record of documentation that the		resident, or others that cou		
	revealed evidence of resident had physic		1	the future use of restraint/se	clusion.	
		t; however, there was no	k .	- Requirements to comp	ete and	
		entation that the facility		document a debriefing sess	ion within	
		ct a staff/administrative	i	24 mours after use of restra secusion with the staff invo	intiang/or	
	debriefing after the			emergency safety restrain	at and/or	
	conducted on	at 1:54 PM with the		emergency safety restra secusion and appropriate s	upervisory	
		ger and the facility's Nurse	5	and administrative etaffite.	consider the	
		lpents acknowledged the		circumstances resulting in	he use of	
	findings.		į	circumstances resulting in restraintand/or,sectus strategies to be used by the	ion and	
				resident, or others that cou	nstarr, and	
	2. Observations cor	nducted on at		further use of restraint/secil		
	approximately 9:25	AM, with the facility's Nurse	i	injury is sustained by a resid		
	Manager revealed a	an area that contained two	1	the use of and/or		
	w	ith doors in place; the doors		during the debriefing a plan		
		all common area that also	1	further injury is to be deve documented in the medical r		
	contained a 3020-0001	; the area was separated		opcumented in the medical r	есого.	

STATE FORM GMFJ11 If continuation sheet 28 of 34

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION 3:	(X3) DATE COMP	SURVEY LETED
		RC57000060	B. WING		04/0	8/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE		
SANDY F	INES		TEQUESTA A. FL 3346	A TERRACE 90		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECT	ION	(XS)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ILD BE OPRIATE	DATE
C 218	Continued From pa	ge 27	C 218	C 218 Continued		
				- Requirement to obtain and		
		n the staff involved in the and		medical treatment prompt		
	emergency safety	propriate supervisory and		injury sustained by a resid		
		for 3 of 17 sampled residents		the use or		
	reviewed for seclus			The DON and and	revised all	. 201
	#14, #16 and #17).	(ricolocati		medical records forms related		,
				documentation of the use of	1	
	The findings include	ed;	1	to ensure that all required element documented correctly and thoroughly		
	 Review on 	of the facility's policies and		1		
	procedures titled "	and "with		The DON, , and designees, a		. 201
	the most recent rev			Corporate Divisional Clinical Director retraining to all nurses, direct		
		cedures documented, "All		attending psychlatrists, and senior lea	darchin on:	
	staff involved in pla				ppropriate	
		nts as well as witnesses and			and/or	
		sory staff, are included in a		during for an		
		cussion of what took place as iter the incident occurs. The		safety situation		
		eet will be completed and		- Revisions/clarifications	to the	
		than 24 hours after the event."		/ Policy In		
	CIBCOSSES (IO IBIC)			Who may authorize		
	Review, on	of Resident #14's record		Requirement to		
		of documentation that the		physician's order for		
	resident had physic	al on from		and/or		
		f; however, there was no		Requirement to com		
		entation that the facility		document a face		
		ct a staff/administrative		assessment of the r		
	debriefing after the			later than one hour		
	conducted on	at 1:54 PM with the		Initiation of the	and/or	
		ger and the facility's Nurse			J	
	Manager, the partic findings.	ipants acknowledged the		Requirement to fully each use of	uocument and/or	
	Intuitige.			each use of	and or	
				Requirement to docur	nent in the	
	2. Observations cor	nducted on		medical record, the		
		AM, with the facility's Nurse		safety situation		
	Manager revealed a	an area that contained two		required/justifled the		
	, w	ith doors in place; the doors		and/or	the the	
		all common area that also		interventions used,		
	contained a	; the area was separated		autcome of the interve	INION	

GMFJ11 STATE FORM

STATEMEN	OF Health Care Adm IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	LE CONSTRUCTION	(X3) DATE 8 COMPL	
		RC57000060	B. WING		04/08	/2016
NAME OF F	PROVIDER OR SUPPLIER	11301 SE	DRESS, CITY, I TEQUESTA TA, FL 3346			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECT ME ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	KONAD BE	(X5) COMPLETI DATE
C 218	emergency safety intervention and ap administrative staff reviewed for #14, #18 and #17). The findings include 1. Review on procedures titled 1. Review on procedures titled 1. Review on staff involved in plass staff debriefing disc soon as possible at Staff Debriefing disc soon as possible at Staff Debriefing disc soon as possible at Staff Debriefing disc vidence of control to the staff debriefing after the conducted on facility's fisk Mana	the staff involved in the and propriate supervisory and for 3 of 17 sampled residents and (Resident and (Resident and with lew of revealed that conducts and with lew of revealed that conducts documented. "All cling a resident in or rise as well as withcases and sory staff, are included in a custon of what took place as ter the incident cocurs. The set will be completed with took place as ter the incident cocurs. The set will be completed with the completed of documentation that the safety of documentation that the safety is all the safety of	C 218	consultation in date/time of the car Requirement for an to evaluate the were resident immediate resident immediate resident immediate and/or and that evaluation. Need to notify the regularity and/or document that their discussion with all resident involved in intervention. The link of include the essential to the essential to the resulting to the consultation of the consultation.	with the ment team and coument that and coument that luding the soul. Me to document that to document that to document that the lay after the from the lay after the and the lay after the from the lay after the lay	
	approximately 9:25 Manager revealed a , w	AM, with the facility's Nurse an area that contained two ith doors in place; the doors all common area that also	!			

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Δπορενί	for Health Care Adm	Inistration			FORM A	PPROVED
STATEMEN	OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE S	
		RC57000060	B. WING		04/0	3/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE		
			TEQUESTA			
SANDY	TNES	TEQUEST	A, FL 3346	0		
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C 218	Continued From pa	ge 27	C 218	C 218 Continued		
C 218	emergency selfor intervention and sp administrative staff reviewed for section 414, #16 and #17). The findings include 1. Review on procedures titled "the most recent revithe policies end prostaff involved in planing appropriate supervistaff debriefing dissoon as possible at Staff Debriefing Shidiscussed no later intervention and programme staff debriefing shidiscussed no later intervention and programme staff debriefing Shidiscussed no later intervention.	the staff involved in the and propriate supervisory and for 3 of 17 sampled residents lons and (Resident ed: of the facility's policies and and "with lew of revealed that poodures documented, "All	C 21B	Requirement to comy document a debriefin within 24 hours afte and/or the staff involved emergency safety and a supervisory and ad staff to review the drift resulting in the use o	ig session ir use of with in the with in the and/or ppropriate inhistrative umstances of arategies to e resident, of prevent /seclusion. ned by a use of , during to prevent developed he medical stain and	
	revealed evidence resident had physic 6:18 PM to 6:27 PM evidence of docum attempted to conducted on facility's Risk Mana Manager, the partic findings. 2. Observations co approximately 9:25 Manager revealed when the conducted with the conducted on facility's Risk Mana Manager, the partic findings.	of documentation that the and on from it, however, there was no entation that the facility cot a staff/administrative . In an Interview at 1:54 PM with the ger and the facility's Nurse ipants acknowledged the		promptly for any future by a resident during the forms of	sustained the use of / ats related ance to the cy and	

contained a

GMFJ11 sheet 28 of 34 STATE FORM

A. HURLING		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		RC57000060	B. WING		04/08/201	
AME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ANDY P	INES		TEQUESTA TA, FL 3346			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		
PRÉFIX TAG	REGULATORY OR L	/ MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COM APPROPRIATE D	
C 218	Continued From pa	ge 27	C 218	C 218 Continued		
	and or with	the staff involved in the	1	Competency was assessed	via post-tests	
	emergency safety	and	1	maintained in Individual employs		
		propriate supervisory and		employee taking the training w		
		for 3 of 17 sampled residents	1	to sign an attestation of his/he of the expectations for co		
	reviewed for seclus #14, #16 and #17).		1	established policy and	documentation	
	#17,#10 BIIC #1/).				re additionally	
	The findings include	ed:	į	required to complete a correcti of documents to verify under	standing of the	
	 Review on 	of the facility's policies and		documentation requirements.		
	procedures titled "	and "with		falling to complete training by be required to complete the	, 2016 will	
	the most recent rev			being allowed to return to work.		
		cedures documented, "Ali		Dating and Mark to Mark to Mark		
	staff involved in pla	cing a resident in or		ł		
		sory staff, are included in a				
		cussion of what took place as		l		
		ter the incident occurs. The		ł		
		eet will be completed and han 24 hours after the event."				
	Review, on	of Resident #14's record				
	revealed evidence of	of documentation that the				
	resident had physic		,			
		t; however, there was no		l .		
		entation that the facility of a staff/administrative				
	debriefing after the					
	conducted on	at 1:54 PM with the				
	facility's Risk Manag	ger and the facility's Nurse				
		lpants acknowledged the		1		
	findings.					
				1		
	2. Observations cor					
	approximately 9:25	AM, with the facility's Nurse		1		
		in area that contained two		}		
		ith doors in place; the doors all common area that also		1		
				1		
	contained a	the area was separated				

Aganau	for Health Care Adm	Injutration				APPROVED
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		RC57000060	B. WING		04/0	8/2016
NAME OF 6	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY.	STATE, ZIP CODE		
		11301 SE	TEQUESTA	TERRACE		
SANDY F	PINES		A, FL 3346			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PRÉFIX	(EACH DEFICIENCY REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION BHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		DATE
C 218	Continued From pa	ge 28	C 218	C 218 Continued		
		led to common areas by a set		Monitoring:		, 2016
		ne Nurse Manager reported,	!	The DDN/designees and/or the	. 100%	and ongoing
	during an interview			of all documents related to the		
		cility had taken off the doors to		/ on a daily basis t		
,	the	to avoid seclusions, but r a revision of their policies.		compliance with documentation stand	ards and	
		of the facility's own video	1	policy expectations. Aggregated result monitoring is reported monthly by the	Director	
		Residents #16 and #17 on	1	of Nursing to the facility Pi Comm	ttee and	
		nately 5:00 PM, locked away		quarterly to the Governing Body.		
		s, in an area that they did not	į.	compliance is addressed through	retraining	
	frequent as part of	their daily routines. The	1	and/or disciplinary action as appropriat	٤.	
		erved in the area that	1			
	contained the two s		:	For a period of four months, the DOI	land . I	
		nto a common area that had a	1	are conducting daily random as surveillance camera of each residen	idits via	
		e doors. The area was vold of	i	area with each area viewed		
		ot for a plastic chair. There	i		cident of	
		r present in the area. The erved kicking the double			ared with	
		d not open when kicked. They		documented /restraint to er		
		ing back and forth in the area	i		umented.	
	and this lasted at le		,	Aggregated results of the monitoring is	reported	
	Review of Residen			monthly by the Director of Nursing to		
	revealed evidence	of documentation that the		Body. Any non-compliance is addresse		
	resident was admit)	retraining and/or disciplinary a	ction as	
		rd revealed evidence of		appropriate. When compliance is main	tained for	
		the facility sent the resident to		four months, the monitored will be de	creased to	
		ng facility on	1	a sample of each shift weekly.		
		w Enforcement officers after ed the unit, instigated peers	1			
	and was not respon	iding to redirection and the	1	Responsible: Director of Nursing		
	facility discharged t	he resident at that time.		Director of worsing		
		e resident's record revealed		1		
	no evidence that st	aff documented the				
		ition in the resident's record,		1		
		ce that the required		1		- 1
	staff/administrative	debriefing occurred after the				
			1			
		ent #17's record on	<u> </u>			لــــــا
HCA Form	3020-0007			OMENA	If continuation	on shapt 29 of 3d

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PRINTED:	04/26/2016
FORM A	PPROVED

Agency for Health Care Administration							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED				
	RC57000060	B. WING	04/08/2016				
MAJAS DE PROVIDER DE SUPPLIER STREET ADDRESS CITY STATE ZIR CODE							

11301 SE TEQUESTA TERRACE

SANDY PINES TEQUESTA, FL 33469 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 218 | Continued From page 29 C 218 revealed that the resident was admitted to the i. The resident's record documented that the facility sent the resident to a receiving facility on accompanied by Law Enforcement officers after the resident disrupted the unit, instigated peers and was not responding to redirection. The resident's record revealed evidence of documentation that the facility re-admitted the and discharged the resident resident on . Further review of the resident's an record revealed no evidence that staff documented the () intervention in the resident's record, including no evidence that the required staff/administrative debriefing occurred after the In an interview conducted on at 12:03 PM with the facility's Risk Manager, the Risk Manager reported that the facility was a locked facility; the units were also locked and she inquired whether this was a -Out-Post-Rest./Seci. C 221 C 221. Staff shall document in the child 's record all , 2016 The Director Nursing (DON) and facility Risk Injuries that occur during or as a result of an Manager () reviewed and revised the facility emergency safety intervention, including injuries policy related to the use and documentation of to staff resulting from that intervention. and and to ensure that are required elements are included and clearly stated for staff interpretation. Key elements of the policy Chapter 65E-9.013(10)(e), F.A.C. include: This STANDARD is not met as evidenced by: Based on record review and interview, the facility falled to document the injuries after 3 of 17 sampled residents (Resident #7, #14 and #15). The findings include:

AHCA Form 3020-0001

STATE FORM

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Agency (or Health Care Adm	inistration				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (DENTIFICATION NUMBER: RC57000060			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WING		04/0	8/2016	
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SANDY F	PINES		TEQUESTA			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	revealed evidence resident had a phys Further review of the evidence of docum the resident on marks on the resident on marks on the resident of the resident was not set the resident was not set the resident was not set the resident of the revealed evidence resident was not set the resident sustain and the resident sustain set the resident sustain set the resident sustain set.	ant #7's record on of documentation that the ical on eresident's record revealed entation that a nurse assessed at 6:30 PM, noted "red ant's right arm, skin intact, if eye and back pain from a se incident had aggravated." mented to be a "2 on scale of here was no evidence of ere was no evidence of orare was no evidence of orare was no evidence of resource of the injury, any packet, or nursing o evidence of documentation mined the extent of all injuries is and provided or intermedical care promptly. olonger in the facility on on the facility of the	C 221	document that consultation the date/time of the consult. Requirement for an MID or evaluate the well-being of th immediately after the reremoved from evaluation Need to notify the residence and the residence	of ophysician's and/or to and to including nurse to e resident sident to and/or the total to including nurse to e resident sident including nurse to e resident sident in the and to including nurse to e resident sident to including nurse to e resident sident that and/or the and to including nurse to e resident sident that that's legal	
CA Form	9020-0001 A		5300 (GMFJ11	If continuation	sheet 31 of 34

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FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: _

NAME OF PROVIDER OR SUPPLIER

B. WING __ STREET ADDRESS, CITY, STATE, ZIP CODE

11301 SE TEQUESTA TERRACE

SANDY PINES

TEQUESTA, FL 33469

RC57000060

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
Continued From page 30	C 221	C 221 Continued	
1. Review of Resident #7's record on revealed evidence of documentation that the resident had a physical on Further review of the resident had a physical on Further review of the resident second revealed evidence of documentation that a nurse assessed the resident end end at 6.30 PM, noted "red marks on the resident's right arm, skin intact, reddened area to left eye and back pain from a former injury that the incident had aggravated," the "pain was" documented to be a "2 on scale of 1 to 10" however, there was no evidence of documentation of the source of the injury, any treatment in the packet, or nursing notes. There was no evidence of documentation of the source of the injury, any treatment in the packet, or nursing notes. There was no evidence of documentation that the nurse determined the extent of all injuries sustained during this and provided or secured the appropriate medical care prompity. The resident was no longer in the facility on the revealed evidence of documentation that the resident had a physical from 4.18 PM to 4.22 PM. The record on revealed evidence of documentation that the resident was one construction of the form of the facility on the form of the facility on the form of the facility on the facility of the facility on the facility of the facility		Requirement to conduct and document a face to face discussion with all staff and the resident involved in an emergency intervention. The discussion must include the circumstances resulting in the use of and/or and of strategies to be used by the staff, the resident, or others that could prevent the future use of /sackusion. Requirement to complete and document a debrefing sestion within 24 hours after use of with the staff involved in the emergency safety of and/or and administrative staff to review the circumstances resulting in the use of and/or strategies to be used by the staff, the resident, or others that could prevent further use of restraint/seclusion. If an injury sustained by a resident during the little soft extra of and/or succession, and an injury sustained by a resident during the little soft extra of and/or accession, and an injury sustained by a pin an appearing the little soft extra of and/or accession, and an injury sustained by a pin an appearing and past department of the property of th	
that time; however, during the resident debriefing, on at 1:24 PM, the RN documented, The back of by (alc) ear was "A "late entry nursing note" for documented that the		the DON and and revised all medical records forms related to the documentation of the use of to ensure that all required elements could be	, 2016
Resident #14 reported in an interview on at 3:26 PM that staff scratched the resident, that the resident sustained scratches from the the resident's ear turned purple and		documented correctly and thoroughly. The DON, , and designees, along with Corporate Divisional Clinical Directors, provided retraining to all nurses, direct care staff,	, 201
	1. Review of Resident #7's record on revealed evidence of documentation that the resident had a physical Purther review of the resident's record revealed evidence of documentation that a nurse assessed the resident on at 6.30 PM, noted "red marks on the resident's right arm, skin intact, reddened area to left eye and back pain from a former injury that the incident had aggravated; "the "pain was" documented to be a "2 on scale of 10 10" however, there was no evidence of documentation of the source of the Injury, any treatment in the packet, or nursing notes. There was no evidence of documentation that the nurse determined the extent of all injuries sustained during this and provided or secured the appropriate medical care promptly. The resident was no longer in the facility on 2. Review of Resident #14's record on revealed evidence of documentation that the resident had a physical on from 4.18 PM to 4.22 PM. The record documented Murse (RN) was ocnducted at 7.00 PM and the delay was because of an "ongoing crists on the unit." According to the RN's assessment documentation, there were no injuries noted at that time, however, during the resident debriefing, on a 1.24 PM, the RN documented that the resident had superficial scratches on the arms. Resident #14 reported in an Interview on at 3.26 PM that staff scratched the resident, that the resident, that	1. Review of Resident #7's record on revealed evidence of documentation that the resident had a physical on Further review of the resident's record revealed evidence of documentation that a nurse assessed the realest on a (6.30 PM, noted "red marks on the resident on a (6.30 PM, noted "red marks on the resident's right arm, skin intact, reddened area to left eye and back pain from a former injury that the incident had aggravated," the "pain was" documented to be a "2 on scale of 1 to 10" however, there was no evidence of documentation of the source of the injury, any treatment in the packet, or nursing notes. There was no evidence of documentation that the nurse determined the extent of all injuries sustained during this and provided or secured the appropriate medical care promptly. The resident was no longer in the facility on revealed evidence of documentation that the esident had a physical on from 4:18 PM to 4:22 PM. The record documented that the one-hour assessment by a Registered Nurse (RN) was conducted at 7:00 PM and the delay was because of an "ongoing crisis on the unit." According to the RN's assessment documentation, there were no injuries noted at that time, however, during the resident debriefing, on at 1:24 PM, the RN documented. The back of by (6.1) earns "A "Tate entry nursing note" for documented that the resident fail reported in an interview on at 3:26 PM that staff cractaches on the arms. Resident #14 reported in an interview on at 3:26 PM that the resident the resident that the resident fail reported in an interview on at 3:26 PM that after forcatches on the arms.	Continued From page 30 C 221 Continued 1. Review of Resident #7's record on revealed evidence of documentation that the resident had a physical on Further review of the resident's record revealed evidence of documentation that a nurse assessed the resident on at 6.30 PM, noted "red marks on the resident's right arm, skin Intact, the 'pain was' documented to be a '2 on scale of 1 to 10' nowever, there was no evidence of documentation of the source of the injury, any treatment in the packet, or nursing notes. There was no evidence of documentation that the nurse determined the extent of all injuries suctained during this and provided or secured the appropriate medical care promptly. The resident was no longer in the facility on revealed evidence of documentation that the existent of all injuries suctained during this and provided or revealed evidence of documentation that the resident had appropriate medical care promptly. The resident was no longer in the facility on revealed evidence of documentation that the called the device of the injury, and the continuent of the contin

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Agency for Health Care Adm	Inistration		FORM APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED	
	RC57000060	B. WING	04/08/2016	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SANDY F		TEQUES (A A, FL 3346	TERRACE 9	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
C 221	Continued From page 30	C 221	C 221 Continued	
	Commoda Tom paga ab		- Definition of and appropriate	
	į		justification for use of and/or	
	Review of Resident #7's record on		duri for an emergency	
	revealed evidence of documentation that the		safety situation	
	resident had a physical on		- Revisions/clarifications to the	
	Further review of the resident's record revealed		Restraint/Seclusion Policy including:	
	evidence of documentation that a nurse assessed the resident on at 6:30 PM, noted "red		Who may authorize the use of and/or	
	marks on the resident's right arm, skin intact,		Requirement to obtain a	
	reddened area to left eye and back pain from a		physician's order for any use of	
	former injury that the incident had aggravated;"		and/or	
	the "pain was" documented to be a "2 on scale of		Requirement to conduct and	
	1 to 10" however, there was no evidence of		document a face to face	
	documentation of the source of the Injury, any		assessment of the resident no later than one hour after the	
	treatment in the packet, or nursing		Initiation of the and/or	
	notes. There was no evidence of documentation		initiation of the ana/or	
	that the nurse determined the extent of all injuries		Regulrement to fully document	
	sustained during this and provided or		each use of and/or	
	secured the appropriate medical care promptly.		each use or analyti	
	The resident was no longer in the facility on		Requirement to document in the	
			medical record, the emergency	
	5 5 to 15 to 14 to 14 to 15 to		safety situation that	
	2. Review of Resident #14's record on		required/justified the use of	
	revealed evidence of documentation that the		and/or the	
	resident had a physical on from 4:18 PM to 4:22 PM. The record documented that		interventions used, and the	
	the one-hour assessment by a Registered Nurse		autcome of the intervention	
	(RN) was conducted at 7:00 PM and the delay		 Requirement to document the 	
	was because of an "ongoing crisis on the unit."		names of all staff involved in the	
	According to the RN's assessment		restraint and/or	
	documentation, there were no injuries noted at		 Need to consult with the 	
	that time; however, during the resident debriefing,		resident's treatment team	
	on at 1:24 PM, the RN documented, "The		physician for the and and to document that	
	back of by (sic) ear was ." A "late entry		consultation including the	
	nursing note" for documented that the		date/time of the consult.	
	resident had superficial scratches on the arms.		Requirement for an MD or nurse	
	Resident #14 reported in an interview on		to evaluate the well-being of the	
	at 3:26 PM that staff scratched the resident; that		resident immediately after the	
	the resident sustained scratches from the		resident is removed from	
	the resident's ear turned purple and		and/or and to document	
	stated that staff put ointment on the scratches;		that evaluation	
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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		RC57000060	B. WING		04/0	8/2016
ME OF P	PROVIDER OR SUPPLIER	STREET ADE	DRESS CITY	STATE, ZIP CODE	1_245	572.07.0
				TERRACE		
INDY P	INES	TEQUEST	A, FL 3346	19		
K4) ID REFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	LDBE	COMPL DATE
C 221	Continued From pa	ge 30	C 221	C 221 Continued		
and the second s	resident had a phys- Further review of the evidence of docum the resident on 2/2 marks on the resident reddened areas to former injury that the "pain was" doc 1 to 10" however, it documentation of the realment in the notes. There was n that the nurse dele sustained during the secured the appropriate of the revealed evidence - resident had a phys 4.18 PM to 4:22 PM the one-hour section of the was because of an According to the RI was because of an According to the RI was because of an According to the RI that the nurse however, on at 1:24 back of by (sic) earners and the resident had super- on at 1:24 back of by (sic) earners and the resident had super- on at 1:24 back of by (sic) earners and the resident had super-	of documentation that the icial on the resident's record revealed antialon that a nurse assessed 3/16 at 6:30 PM, noted 'red antialon that a nurse assessed 3/16 at 6:30 PM, noted 'red antialon's red an		resulting in the use and/or and to be used by the staff, if or others that could future use of 'Requirement to con document a debriefle within 24 hours aft and/or the staff involved emergency safety and staff to review the circumstrate of the staff to review the cresulting in the use of and/or and staff to review the cresulting in the used by the staff, the or others that could further use of if an injury is suited in the creation of the staff, the or others that could further use of if an injury is suited in the creation of the creatio	dent had a wishon and to face of and the face	
	the resident sustain the resid	f scratched the resident; that ed scratches from the ent's ear turned purple and ointment on the scratches;		document medical promptly/for, any injury by a resident during t restraint/seclusion	sustained	

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	for Health Care Adm				
STATEMEN	ENT OF DEPICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		RC57000060	B. WING		04/08/2016
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
SANDY	PINES		TEQUESTA TA, FL 3346	A TERRACE 69	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	ILD BE COMPLETE
C 221	Continued From pa	age 30	C 221	C 221 Continued	
	resident had a phys Furthar review of the evidence of document the resident on marks on the resident on the resident of the former injury that the "pain was" documentation of the readment in the notes. There was no that the nurse deter sustained during this secured the approportion of the proportion	of documentation that the sistal on he resident's record revealed nentation that a nurse assessed at 6:30 PM, noted "red ent's right arm, skin intact, eff eye and back pain from a he incident had aggravated." unmented to be a 2 on scale of there was no evidence of the source of the injury, any packet, or nursing no evidence of documentation armined the extent of all injuries has and provided or priate medical care promptly. The consideration of the source of the facility on longer in the facility on the site of documentation that the steal on from M. The record documented that sament by a Registered Nurse dat 7:00 PM and the delay "ongoing crisis on the unit." Ne assessment		Decumentation requirements Decumentation requirements Decumentation for full complian Decumentation requirements Competency was assessed maintained in individual employees six employee taking the training was also to sign an attestation of his/her unde of the expectations for compliance stablished policy and docur requirements. Nurses were at required to complete a correctiv comp of documents to verify understandind documents to verify understandind documents to verify understandind documents. Any	noe to the yy and b post-tests R fle. Each or required erstanding noe with imentation didtionally inpleted set ing of the employee ; 2016 will

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STATEMEN	for Health Care Adm	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		RC57000060	B. WING		04/0	8/2016
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SANDY F		TEQUEST	TEQUESTA TA, FL 33469	9		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(XS) COMPLETE DATE
	reveled no related to the treatr of documentation it extent of all hjurkes and provided or set care promptly. 3. Review on revealed that the retthe time of discharge back, leg and arms the highest pain on administrative debr assess whether the highest pain on discharge the discharge of the promptly. In an interview come with the facility's RI Nurse Manager, the findings for Res	of the resident's record on evidence of documentation ment. There was no evidence that the RN determined the sustained during this cured the appropriate medical carefully, pain in the state of the sustained during this cured the appropriate medical carefully, pain in the state of the sustained during the resident had a physical but the resident had a physical but the resident had sustained any of the resident had sustained any of the RN determined the extentioned during this and and the appropriate medical care ducted on at 1:54 PM lists Manager and the facility's reproducted on the RN Manager and the facility's reputilized with the RN manager and the RN manager an	C 221	observed is comp documented of to en all episodes are correctly doc Aggregated results of the monitoring is monthly by the Director of Nursing to FI Committee and quarterly to the Goody. Any non-compliance is addresser retraining and/or disciplinary as appropriate. When compliance is main four months, the monitored will be dec a sample of each shift weekly.	use of to ensure dards and its of the e Director retraining ite. N and via tital units at least 2 cident of oared with insure that cumented. It come the footnot be comeditied and the facility Governing at through ctton as retained for takined for the facility takined for takined f	8, 2016 and ongoing
	that results in an in meet with supervise circumstances that a plan to prevent fu			Responsible: Director of Nursing		
	Chanter 65E-9 013	1/10Vf), F.A.C.	: /	1		

This STANDARD is not met as evidenced by:

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Agency for Health Care Adm	inistration				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	RC57000060	B. WING		04/08/2016	<u> </u>
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
SANDY PINES		TEQUESTA A, FL 33469			
(X4) ID SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5	1
PREFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPL	ETE
C 222 Continued From pa	ge 32	C 222		1	
falled to have staff resulted in injuries: evaluate the chroun injuries and develoy injuries for 3 of 17 suffered injuries for 3 of 17 suffered injuries du #14, and #15). The findings including the first suffered injuries du #14, and #15). The findings including revealed evidence resident had a phy Further review of it evidence of document the resident on marks on the resident on marks on the resident or marks on the resident of the first suffered area to be former injury that the pain was documentation of it treatment in the notes. The resident on the resident suffered any evident staff involved in the resident's injuries and developing injuries. 2. Review of Reside.	meet with supervisory staff to sistances that resulted in the paper plant of the paper pl		Corrective Actions: The Director Nursing (DON) and fa Manager () Prelewed and revised policy relates to the use and docume and of and	the facility nitration of matter of	

Review of Resident #14's record on revealed evidence of documentation that the resident had a physical on 4:18 PM to 4:22 PM. The record documented that the one-hour assessment by a Registered Nurse (RN) was conducted at 7:00 PM and the delay was because of an "ongoing crisis on the unit."

AHCA Form 3020-9001

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Agency 1	for Health Care Adm	doletration			FORM A	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE S	SURVEY LETED
		RC57000860	B. WING		04/01	B/2016
AME OF F	PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE		
		11301 SE	TEQUESTA	TERRACE		
SANDY P	INES	TEQUEST	A, FL 33489	,		
(X4) ID	SUMMARY STA	ITEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION)N	(X5)
PRÉFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION BHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE PRIATE	DATE
C 222	Continued From pa	ige 33	C 222	C 222 Continued		
	According to the Rf	N's assessment		- Requirement for an MD or	nurse to	
		ere were no injuries noted at		evaluate the well-being of the	resident	
		during the resident debriefing.		immediately after the res		
		PM, the RN documented, "The		removed from	and/or	
	back of by (slc) ear		i	and to docume	ent that	
	nursing note" for	documented that the		evaluation		
		ficial scratches on the arms		- Need to notify the resider		
		rted in an interview on	:	guardian that the resident		
		if scratched the resident, that		and/or	bne	
		ned scratches from the	:	document that notification Requirement to conduct		
	, the resid	ient's ear turned purple and	,	document a face to face of		
		t ointment on the scratches.		with all staff and the resident		
	The resident's reco	ord falled to reveal any	,	in an emergency intervention		
	evidence of docum	entation that the staff involved	,	discussion must includ		
	In that res	sulted in these injuries met		circumstances resulting in th		
	with supervisory sta	aff to evaluate the		and/or		
		t resulted in these injuries and		strategies to be used by the		
	develop a plan to p	revent further Injuries.		resident, or others that could the future use of restraint/sec		
	3. 3. Review on	of Resident #15's record		- Requirement to complet		
		esident reported on , at		document a debriefing session		
		ge from the facility, pain in the		24 hours after use of	and/or	
		, rated at 4-5 (with 10 being		with the staff involv		
		the scale). According to the	.		and/or	
		he resident had a physical		and appropriate su		
		, but the resident and		and administrative staff to re		
		riefings were not conducted to		circumstances resulting in th		
		resident had sustained any		and/or strategies to be used by the		
		. The resident's record failed		resident, or others that could		
		nce of documentation that the		further use of	. If an	
	staff involved in the		1	injury is sustained by a resider		
		es met with supervisory staff to	-	the use of and/or	ar animg	
		nstances that resulted in the		during the debriefing a plan to		
		p a plan to prevent further		further injury is to be develo		
	Injuries. In an interv		. 1	documented in the medical red		
		cility's Risk Manager and the	1	 Requirement to obtain and d 	ocument	
		nager, the participants	1	medical treatment promptly		
		findings for Resident #7, #14		injury sustained by a residen	t during	
	and #15.		1	the use of /		

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY
1 1	A. BUILDING:		COMPLETED
RC57000060	B. WING		04/08/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDR	RESS, CITY, S	STATE, ZIP CODE	
11301 SE TI	EQUESTA	TERRACE	
SANDY PINES TEQUESTA,			
(X4) ID SUMMARY STATEMENT OF DEFICENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE COMPLETE
C 222 Continued From page 33	C 222	C 222 Continued	
According to the RN's assessment documentation, there were no injuries noted at that time; however, during the resident debriefing, on at 1:24 PM, the RN documented, 'The back of by (sic) ear was 'A fate entry nursing note' for documented that the resident had superficial scratches on the arms. Resident #44 reported in an interview on at 3:26 PM that staff coratched the resident; that the resident sustained scratches from the the resident's ear turned purple and stated that staff put ofntment on the scratches. The resident's record falled to reveal any evidence of documentation that the staff involved in that resulted in these injuries met with supervisory staff to evaluate the circumstances that resulted in these injuries and develop a plan to prevent further linjuries. 3. 3. Review on of Resident #15's record revealed that the resident reported on the time of discharge from the facility, pain in the back, leg and arms, rated at 4-5 (with 10 being the highest pain on the scale). According to the resident's record, the resident and administrative debriefings were not conducted to assess whether the resident resident and administrative debriefings were not conducted to reveal any evidence of documentation that the staff involved in these that resulted in the injuries and develop a plan to prevent further injuries. In an interview conducted on the resident's further metallics in an interview conducted on 1:54 PM with the facility's Risk Menager and the facility's Nurse Menager, the participants acknowledged the findings for Resident #7, #14 and #15.		justification for use of during for an e safety situation Revisions/carifications in / Policy inc / Policy in	to the seculation could be seculation could be seculation could be provided restaff, rathle on the propriate propriate propriate seculation of the buding: the buding: the buding: the buding: the buding: and/or seculation a pure of the buding: and/or seculation to face budient no after the and/or seculation the seculation the buding of the budin

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		RC57000060	B. WING		04/08/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, I	STATE, ZIP CODE	
		11301 SE	TEQUESTA	TERRACE	
SANDY F		TEQUEST	A, FL 33469		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT [EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY]	LD BE COMPLETE
C 222	Continued From pa	ge 33	C 222	C 222 Continued	
	According to the Rh	V's assessment			
		re were no injuries noted at			
		during the resident debriefing,		 Need to consult versident's treatment 	
		PM, the RN documented, "The		physician for the	and
	back of by (sic) ear nursing note" for	was ." A "late entry documented that the		and to docui	
		ficial scratches on the arms		consultation include	ng the
		ted in an interview on		date/time of the consult	
		ff scratched the resident: that		 Requirement for an ME 	
		ned scratches from the		to evaluate the well-be resident immediately	
		ent's ear turned purple and		resident immediately resident is removed from	
		ointment on the scratches.			document
The resident's record falled to reveal any		,	that evaluation		
evidence of documentation that the staff involved			Need to notify the resid	lent's legal	
		suited in these injuries met		guardian that the resid	lent had a
	with supervisory sta	err to evaluate the resulted in these injuries and		and/or	and
		revent further injuries and		document that notificat	
	develop a plan to p	revent turner injuries.		Requirement to con	
	3. 3. Review on	of Resident #15's record		document a face discussion with all sta	
	revealed that the re	sident reported on at		resident Involved In an	
	the time of discharg	e from the facility, pain in the		intervention. The discu	
		, rated at 4-5 (with 10 being		include the circ	umstances
		the scale). According to the		resulting in the use o	
		ne resident had a physical			rategles to
		, but the resident and iefings were not conducted to		be used by the staff, the	
		resident had sustained any			revent the reclusion.
		. The resident's record failed		later are or	
		nce of documentation that the		1	
	staff involved in the			1	
	the resident's injurie	es met with supervisory staff to		(
1		stances that resulted in the		I	
		p a plan to prevent further		1	
	injuries. In an interv			1	
		clity's Risk Manager and the ager, the participants		l	1
		lager, the participants findings for Resident #7, #14			
				l .	1

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Agency	for Health Care Adm	Inistration			101011111111111111111111111111111111111
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		RC57000060	B. WING		04/08/2016
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
SANDY	PINES		TEQUESTA 'A, FL 33469		
(X4) ID PREFIX TAG	FACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROV DEFICIENCY)	D BE COMPLETE
C 222	Continued From pa	ge 33	C 222	C 221 Continued	
<i>522</i>	According to the RI documentation, the that time, however, on at 1:24 back of by (sic) ear nursing note for resident had super Resident #14 report at 3:25 PM with at statch the resident sustain the supervisory sticircumstances that develop a plan to p 3. 3. Review on revealed that the return the time of dischar, back, leg and arms the highest pain on resident's record, it on administrative debresses whether highures at that time to reveal any evide staff involved in the the circum injuries and develon injuries. In an inter 1:54 PM with the facilitive Nursee Mar	N's assessment re were no injuries noted at during the resident debriefing, Mi, the RN documented. The was "A "late entitle was "A "late entitle Rickal soratches on the arms ted in an interview on fit scratched the resident; that ned scratches from the entits ear turned purple and continent on the scratches. The service of the service		supervisory and admi staff to review the circu resulting in the use of	session use of with in the and/or propriate instrative mistarices resident, prevent use of use of y a de by a use of y, during prevent eveloped medical ain and reatment e use of s s related ce to the y and

AHCA Form 3020-0001 STATE FORM

and #15.

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	or Health Care Adm					
STATEMENT OF DEPICIENCIES (X1) PROVIDER/SLIPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		RC57000060	B. WING		04/08/2016	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, 5	STATE, ZIP CODE		
SANDY F	PINES		TEQUESTA A, FL 33489			
(X4) ID	SINAIADV STA	TEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTION	N OVE	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE PRIATE DATE	
C 222	Continued From page 33		C 222	Competency was assessed via p		
1	, *			maintained in individual employee's HR employee taking the training was also	ramileed	
	According to the Ri			to sign an attestation of his/her under	regureu retandina	
,		re were no injuries noted at		of the expectations for complian		
		during the resident debriefing, PM, the RN documented, "The			entation	
i	back of by (sic) ear			requirements. Nurses were ad		
	nursing note" for	documented that the		required to complete a correctly comp	leted set	
		icial scratches on the arms		of documents to verify understanding	g of the	
1		ted in an interview on		documentation requirements. Any		
		ff scratched the resident; that		failing to complete training by	2016 will	
				be required to complete the training	g before	
,	the resident sustained scratches from the the resident's ear turned purple and			being allowed to return to work.		
	stated that staff put ointment on the scratches.			Monitoring:		
	The resident's record failed to reveal any			The DON/designees and/or the	100%	
	evidence of documentation that the staff involved			of all documents related to the		
	in that resulted in these injuries met		!	restraint/seclusion on a daily basis t		
	with supervisory staff to evaluate the			compliance with documentation stand		
		resulted in these injuries and		policy expectations. Aggregated resu		
		revent further injuries.		monitoring is reported monthly by the		
		grant and an area		of Nursing to the facility PI Comm		
	3. 3. Review on	of Resident #15's record		quarterly to the Governing Body. compliance is addressed through		
	revealed that the re			and/or disciplinary action as appropriat		
		e from the facility, pain in the		and/or disciplinary action as appropriate	e.	
		, rated at 4-5 (with 10 being		For a period of four months, the DON	i and	
		the scale). According to the		are conducting dally random as		
		e resident had a physical		surveillance camera of each resident		
		but the resident and		area with each area viewed		
	administrative debri	iefings were not conducted to		time periods each shift. Any inc		
	assess whether the	resident had sustained any		observed or is comp	ared with	
	injuries at that time.	The resident's record falled		documented / to en	sure that	
	to reveal any evider	nce of documentation that the			umented.	
	staff involved in the		!	Aggregated results of the monitoring is		
	the resident's injurie	es met with supervisory staff to		monthly by the Director of Nursing to t		
		stances that resulted in the		PI Committee and quarterly to the C		
		a plan to prevent further		Body. Any non-compliance is addresse		
	injuries. In an Interv	iew conducted onat		retraining and/or disciplinary ac		
		cility's Risk Manager and the		appropriate. When compliance is main		
		ager, the participants		four months, the monitored will be det	reased to	
		Indings for Resident #7, #14		a sample of each shift weekly.		
	and #15.			Responsible:		
				Hesponsible: Director of Nursing		
HCA Form	3020-0001			- Director or Marzing		

STATE FORM





FED-EX OVERNIGHT 8086 3829 3602 SIGNATURE REQUIRED

Administrator Sandy Pines 11301 Se Tequesta Terrace Tequesta, FL 33469

RE: CCR# 2016000932, CCR# 2016002253, CCR# 2016002383, CCR# 2016002918, CCR# 2016003021 and CCR# 2016003061

Dear Administrator:

This letter reports the findings of a complaint survey that was commenced on concluded on 2016 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified during the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies within ten calendar days of receipt of this report. All deficiencies shall be corrected no later than 2016.

The plan of correction must include the following:

- Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- Describe how the facility will identify other residents having the potential to be affected by the same deficient practice.
- Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.
- Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change.
- Ensure that no protected or other confidential information (i.e., resident or staff names) are included in the plan.
- State the completed date; the date that the facility identifies compliance can be achieved, which must be after the exit date.
- You must sign the bottom of page 1 of the statement of deficiencies; include your title and date.

Delray Beach Fleid Office 5150 Linton Boulevard, Suite 500 Delray Beach, FL Phone:(561) 381-5840; Fax:(561) 496-5924 AHCA.MyFlorida.com



Facebook.com/ACHAFloridacom/AHCAFlorida Twitter.com/AHCA_FL SlideShare.net/AHCAFlorida Sandy Pines 2016

Page 2

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.my/lorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis Field Office Manager

AMD

Enclosure:State Form 3020

TBB2